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OUTLINES

of

NURSING HISTORY

By

MINNIE GOODNOW, R. N.

Author of "First-Year Nursing," "Ten Lessons in Chemistry for Nurses," "The Nursing of Children," "Physics for Nurses"; Superintendent of Nurses, Children's Hospital, Washington, D. C.

THIRD EDITION, RESET

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DEDICATED TO
THE NURSES OF AMERICA

The Nightingdale Pledge

I solemnly pledge myself before God and in the presence of this assembly:

To pass my life in purity and to practice my profession faithfully.

I will abstain from whatever is deleterious and mischievous, and will not take or knowingly administer any harmful drug.

I will do all in my power to elevate the standard of my profession, and will hold in confidence all personal matters committed to my keeping and all family affairs coming to my knowledge in the practice of my profession.

With loyalty will I endeavor to aid the physician in his work, and devote myself to the welfare of those committed to my care.

This pledge was formulated in 1893 by a committee of which Mrs. Lystra E. Gretter, R. N., was the chairman. It was first administered to the 1893 graduating class of the Farrand Training School, Harper Hospital, Detroit, Mich.

PREFACE TO THE THIRD EDITION

The kindly reception accorded the first and second editions of this book and its adoption as a teaching text by so many training-schools has been most flattering to both author and publishers. The third edition is presented herewith in the confidence that it is wanted.

It has been thoroughly revised and, as far as possible, brought up to date.

Minnie Goodnow.

August, 1923.

PREFACE

Trained nursing is now more than a generation old, and nursing itself is an ancient profession. Its history is of definite and legitimate interest to those engaged in its practice.

This volume has been prepared in response to the demand for a short, comprehensive history of nursing, suited to the average pupil or graduate and to those who wish to know something of the men and women who have developed nursing up to its present point.

The design has been to give the main facts of nursing history from the beginning to the present time. Some details have been added to give color and interest, and to present to the reader a picture of the times described.

Paragraph headings and chapter summaries are given, setting forth what seem to the writer the chief events in each period. These are designed as a convenience to the reader and as a suggestion that the book may become some day a text for teaching.

The chapters on Registration and Nursing Organizations and Magazines are intended chiefly for reference.

In the preparation of this work frequent reference has been made to the large History of Nursing by Misses Nutting and Dock. For much of the material, however, the writer has herself gone to the original sources of information. Interested persons the world over have furnished material. Mr. Richards Bradley and Dr. Alfred Worcester have written portions of chapters.

Dr. John Berry, Dr. Edward Cowles, Miss Ida M. Cannon, Miss Charlotte A. Aikens, Miss Jane C. Delano, Deaconess Mary Elizabeth, Miss Julia Gulick, Mrs. Margaret Hamilton, Dr. Anna Hamilton, Dr. Christian Golder, Miss Mabel McCalmont, Miss Sara Parsons, Mrs. W. W. Vaughan, Mrs. Annette Sumner Rose, Miss Linda Richards, Miss Cora Simpson, Miss Myra Sawyer, Miss E. E. White, Rev. W. H. Sloan, the Sisters of St. Joseph of Montreal, Dr. Anita Newcomb McGee, Dr. Maude Abbott, Miss Helen Randal, R. N., and others have furnished valuable data; while persons from many places have responded cordially to requests for information and for pictures. Without these the book would not have been possible.

Minnie Goodnow.

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OUTLINES OF NURSING HISTORY

FOREWORD

It seems important that women who undertake nursing, a work as old as the world, yet new in its relations and prophetic in its possibilities, should know something of its history.

Nursing is not merely an occupation, temporary and superficial in its scope. It is a great vocation. It is so well known to be difficult that it is seldom undertaken by any woman who has not, in the depths of her consciousness, an earnest purpose to serve humanity.

Women of this type ought to know, and usually want to know, how their vocation came to be what it is. When they learn something of the struggle, centuries long, always hard, and often bitter, which has been necessary in order to bring nursing thus far on the path of progress, they not only appreciate more keenly their own opportunities and find more readily their inner meaning, but shoulder their own task with greater alacrity and more hopefulness.

History tends to make us humble. It many times shows us that work which we think original is only a repetition of that which has been done before. It shows us how our predecessors struggled with problems almost exactly like those which we meet. It makes us see that the conditions under which they worked were markedly similar to those of today; that their methods were not wholly unlike ours; and that their results resembled

ours, being no less conspicuous than those which we today laud as remarkable.

History discourages by its habit of repeating itself, evincing how tenacious the race is of outworn ideas and methods. It encourages by revealing the progress which has been made, and the part which earnestness and persistence have played in the advance.

CHAPTER I

NURSING IN ANCIENT TIMES

Nursing is one of the oldest arts. There always has been helplessness of one sort or another and to a greater or less degree; wounds have demanded attention; babies and old people have needed care, and disease in some form—due to wilful or ignorant disregard of natural laws—has always been present in the world. The great, universal mother-instinct has met these emergencies by what we call "nursing."

Nursing Among Animals.—Animals present conditions of helplessness similar to those of men, and have their periods of disability. They meet their emergencies by using their instincts—faculties which when met with in the human race are called "common sense."

Many of the nursing procedures of the lower animals, because they are the result of pure instinct, are thoroughly scientific. A wounded animal cleanses its hurt by licking, its rough tongue extracting from the wound all foreign substances. It often puts a wound into running water, thereby keeping it cleansed and allaying any inflammation which may have occurred. Instances have been noted where wild birds put a broken leg into a sort of splint.[1] Fatio captured a bird that had on its breast

[1] "A snipe with a broken leg was found to have forced the fragments into a parallel position and secured them by means of a strong band of feathers and moss intermingled. Flat-leaved grass was bound about the leg spirally and fixed with a sort of glue."—M. Magarin.

a large dressing made of down taken from its own body and fixed to the wound with coagulated blood.

Even our domestic animals, whose habits have become more or less perverted, abstain from food as a corrective of certain digestive disturbances, or eat freely of plants which are emetics. Many instances have been observed in which animals not only nursed themselves, but aided others to recover.

Care of the Sick Among Savages.—The lowest savages have a certain amount of nursing knowledge and skill. Much of this knowledge is instinct, similar to that of animals. All men doubtless possess these instincts until they lose them by indulgence in the abnormal habits that are the result of so-called civilization.

Nearly all savage tribes practice massage in some form, with good results. Sweat baths, fomentations, and other hydrotherapeutic measures are known and used among them. Bleeding and cupping for pain, opening abscesses for drainage, amputation for crushing injuries—with control of hemorrhage by cauterization with hot stones—are practised among uncivilized peoples. Trephining was done among prehistoric races. Wild tribes have been known to perform ovariotomy. Baas says in his "History of Medicine," "The first curative services were surgical in character, and attained a degree of perfection before internal medicine had hardly begun. Ophthalmology and midwifery came early. The ancient Hindoos operated for harelip, cataract, hernia, removal of abdominal tumors, and did Cæsarean section upon the dead." All these practices had their origin in dire necessity, served by instinct.[1]

[1] A traveler gives an account of a cesarean section which he saw performed among one of the wild tribes in the interior of Africa: "The patient was rendered half-unconscious with banana wine.

Nursing and Medicine.—In this primitive and instinctive care of the sick we find no distinction made between nursing and medicine or surgery. Only in very recent times has there been a sharp line drawn between these two forms of service, and even today there is some confusion as to which procedures belong to the doctor and the nurse.

Among savage tribes that had medicine men there was sometimes developed a lower class, often women, who applied the treatment that had been prescribed, dressed wounds, and, in general, did work which would be included under the term "nursing."

Medicine and Theology.—Many forms of disease appear extremely mysterious. They are plainly caused by some external force or influence. In consequence, most races in their early development came to the conclusion, a natural one, that sickness was caused by evil spirits. The medicine man then tried to make the patient's body unpleasant for the spirit, in the hope that it would move out. Pommeling, beating, starving, etc., were used for this purpose; also dreadful noises, sudden fright, and evil-smelling or vile-tasting drugs. Remedies to be taken by mouth were often mixed with such materials as cow dung and human urine.

At one stroke both abdominal wall and uterus were incised, the child being slightly wounded by the stroke. The opening was enlarged, hemorrhage checked by heated irons, and the child removed. An assistant pressed upon the abdomen while the placenta was removed through the vagina. They then checked the bleeding from the abdominal wall. No sutures were used in closing, but the incision was pulled together by means of polished iron needles wound about with bark threads in a figure-of-eight fashion. The dressing was a paste made of various roots. The woman was kept turned on her abdomen for drainage. Her temperature went to 102° F., her pulse to 110. On the eleventh day the wound was healed and she appeared to be in her usual health."

Under such circumstances the medicine man became a species of priest, or the priest was appealed to for help in sickness, so that very soon medicine and religion became inextricably woven together, and were thought of as one science. For many centuries the priest was the only physician.

These historic facts and the intimate and universal connection between religion and the medical sciences help us to understand many occurrences among the older peoples. We find a similar state of affairs in many places at the present time. In our ignorance of the causes of disease or death many of us instinctively appeal to a Higher Power for help to combat them.

Sickness and Sin.—From the days of old Assyria until now many persons have believed that sickness was sent from above as punishment for sin. The various interpretations of the word "sin" have led to strange modes of treatment for disease. If we define sin as transgression of law, we moderns find ourselves agreeing to this very doctrine, since we believe that most sickness is the result, direct or indirect, of breaking the laws of nature. Some of the most advanced thinkers of our day are proclaiming that sickness is both a public and a private disgrace, and are advocating civic and personal righteousness, in their broadest sense, as the great means of prevention.

The supposed causes of disease have always profoundly influenced its care and treatment. Nursing has followed, more or less closely, both the theology and the science of its day, and has been radically influenced by them.

Dearth of Nursing History.—As we search through ancient history we find almost no mention made of nursing. This is doubtless due to the fact that men do not make records of ordinary events, but only of unusual or striking ones. People nursed their sick as a mat-

ter of course, and not until cities became large and problems acute, so that public and conspicuous provision had to be made for them, did the matter of care in illness appear of sufficient moment to be mentioned. The early history of nursing is, therefore, lost in obscurity, and the only records we have are those of hospital nursing after it became a fact.

The First Hospitals.—Since religion and medicine were united so early, it followed naturally that the first hospitals were connected with temples or places of worship. Some of the institutions which have been called hospitals were merely houses for the sick who had come to pray or offer sacrifice to a god; the patient was cared for by friends who came with him.

Egypt and Babylon.—In ancient Egypt the sick went to the temples of the gods Osiris, Isis, and Serapis. Isis was supposed to be especially interested in them and to bring help while one slept.[1]

In both Egypt and Babylon it was the custom to lay the sick in the streets, and there was a law requiring that the passers-by should give them what advice they could out of their own experience. Some of the prescriptions obtained in this way were written down and preserved in the temples.

The ancient Persians had houses for the sick poor, who were waited upon by slave boys and girls.

India.—In the old Hindoo villages there were hospitals for the care of sick travelers, and medical specialists were appointed to them. In Ceylon, in the fifth century before Christ, one of the kings established what was doubtless a true hospital. King Asoka, about the year 225 B. C.,

[1] Burdett, in "Hospitals and Asylums," says that the Egyptian physicians were all specialists, confining their practice to one part of the body.

built eighteen hospitals. These public hospitals were also schools of medicine. The attendants in them were required to be competent to cook, to give baths, to prepare medicine, to handle bed patients, to get patients in and out of bed, to give massage, and to perform a list of duties not unlike those of the modern trained nurse. This must have necessitated some sort of instruction.

The Vedas, the sacred books of India, treat of medicine, of major and minor surgery, bandaging, poisons and their antidotes, and drugs; they also discuss nervous diseases, insanity, children's diseases, and genito-urinary diseases. They contain much instruction in hygiene, and set forth the theory that disease is preventable. They teach that the chamber of a lying-in woman shall be very clean and well ventilated and that midwives shall have their nails cut short. They advise daily bathing, daily attention to the bowels, daily cleansing of the teeth with a special sort of stick, etc. They also say that physicians shall have their hair and nails cut short, wear white clothing, take a daily bath; that they shall not speak of what they have learned in confidence from the patient; they recommend that sweet-smelling drugs be burned in the operating-room to prevent devils (!) from getting into the wound. In all their regulations there are hints of the germ theory of disease.[1]

The Ancient Jews.—Moses has been called the greatest physician of all time. It is certain that he was a masterly sanitarian, and the practical application of his code will be appreciated when one realizes that he was in charge of a camp of more than a million people.

[1] The best era of Hindoo medicine was 250 to 500 B. C. Later it was taught that to touch blood or morbid matter made one unclean, and the work deteriorated, until care for the sick became almost non-existent.

All the principles of modern sanitation are anticipated in the Jewish law, and its methods are in accord with modern bacteriology. There are provisions in it for the inspection of food (Leviticus 7, 11, and 17 and Deuteronomy 12 and 13), for the disposal of excreta (Deuteronomy 23), notification of the authorities in cases of communicable disease (Leviticus 13 and 14), quarantine, disinfection (Leviticus 15 and Numbers 19), etc. The rules about menstruation and childbirth seem strange to us (Leviticus 12 and 15), but they assured to women the proper rest and privacy.

Greece.—As far back as 1134 B. C. there was at Epidaurus, in Greece, a temple to Asklepios, the god of healing. It was a very beautiful place, resembling some of our modern sanitoria.[1] It was a house for those who came to pray to the god, and was a hospital only in the sense that the sick were cared for in it. The patients brought their own bedding; there were bath attendants and slaves who waited upon the sick.

The Greeks did not feel it worth while to care for any cases of illness but those considered curable. They took the philosophic view that we do in the case of wounded or sick animals, that it was kinder to let them die as soon as possible. Persons hopelessly ill were often left to die in the streets.

Obstetrics was done entirely by midwives, except that in difficult cases they sent for the priest. Maternity cases and the dying were regarded as unclean, and were put outside the city walls, to get on as best they might. This practice continued until about 140 A. D.

The care of sick slaves was one of the duties of the mistress of the mansion. Wounded soldiers were nursed on the battlefield at public expense. In the time of Xeno-

[1] Its ruins have been found and identified.

phon, 400 B. C., there was an organized medical corps in the army. All this work was utilitarian rather than humanitarian, however, since slaves were property and therefore valuable, and soldiers were the mainstay of the nation.

Hippocrates, the Greek, who lived about 400 B. C., is called the Father of Medicine; he set forth principles which have governed the practice of medicine up to the present time. He taught that disease was not due to demons, but to the breaking of natural laws. He urged careful observation of the sick and taught the meaning of posture, expression, breathing, and other symptoms. His works give full directions about hot applications, poultices, etc.; teach that fever cases should have fluid diet, and advise cold sponging for temperature. He urged the necessity for clean, smooth bed linen; advised the use of mouth-washes, light and regular nourishment for heart cases, and much fluid for kidney cases; suggested that the insane be kept occupied, that they be provided with music, etc. Most of these things we regard as modern nursing methods or discoveries.

Rome.—The Romans knew a good deal about sanitation. Julius Cæsar was the first statesman to recognize teachers of hygiene, and he had a regular medical service in his army.

The old Roman hospitals were, in accordance with the Greek idea, only for slaves and soldiers; the nursing was done by women and old men of good character.

In Roman ruins found in Switzerland there were discovered many nursing utensils—enema bulbs, tubing, rectal tips, ointment jars, etc. In Pompeii, which was destroyed in the year 79, there have been found many fine surgical instruments very similar to our own—scalpels,

forceps, artery clamps, drills, elevators, obstetric forceps, and vaginal specula of modern pattern.[1]

Care of the Insane.—Nearly all nations have thought that insanity was due to the presence of evil spirits in the bodies of those afflicted. The same fantastic and brutal methods were used to get rid of them that were employed by the medicine men of savage times. Such persons were kept prisoners for the safety of the public, and if they became violent were chained or beaten. A few authorities say that the insane were humanely treated in Egypt and

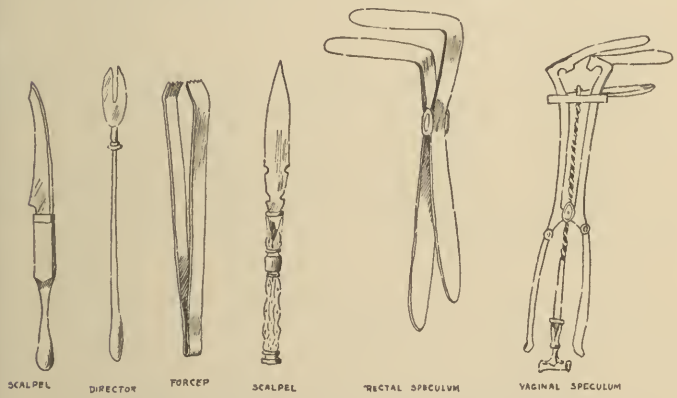


Fig. 1.—Surgical instruments found in ancient Pompeii.

Greece, but in most countries and for many centuries they were used worse than animals. Hippocrates seems to have been the only one who taught that insanity was a disease of the brain.

America.—Prescott tells us, in his "Conquest of Mexico," that the Aztecs "had hospitals established in all their principal cities for the cure of the sick and the per-

[1] Among the ruins of Troy, recently dug up, were found artery clamps and dressing forceps which date back to 600 B. C.

manent refuge of disabled soldiers, and surgeons were placed over them."

SUMMARY OF IMPORTANT POINTS

Nursing is one of the oldest arts.

When ill, animals use their instincts to care for themselves in an effective fashion.

The lowest savages always have had medical, surgical, and nursing traditions, some of them thoroughly scientific.

Medical work and nursing were originally not separate sciences, but were looked upon as one and were done by the same person.

Illness was regarded as the work of evil spirits or due to moral errors. Treatment for the sick was long in the hands of the clergy.

There is little nursing history available for many centuries, because nursing was taken as a matter of course, not worthy of description.

The first hospitals were connected with temples of worship.

In ancient Egypt and Babylon there was public interest in the care and cure of the sick.

The ancient Hindoos had a well-developed system of medicine, but their practice deteriorated in later times.

Moses was an excellent sanitarian. His laws accord with modern theories and methods.

The Greeks and Romans gave care in sickness chiefly to slaves and soldiers. Maternity care was inadequate.

Insanity was attributed by all nations to "possession by devils," and was treated accordingly.

The ancient Aztecs had well-organized hospitals.

CHAPTER II

EARLY AND MEDIEVAL NURSING

Early Christian Hospitals.—Very early in its history the Christian Church founded institutions where the sick and helpless of all kinds were cared for. These were commonly built next to the churches and were supervised by the clergy. The workers in them were called deaconesses, and were sometimes unmarried women, but more often widows.

The first large Christian hospital was probably the Basileus at Cæsarea, founded in the year 370. Macrina, a deaconess, was evidently its superintendent, or at least superintendent of nurses. A little later Chrysostom built two large hospitals in Constantinople. Olympia, a wealthy woman who became a deaconess, nursed in both of them.

About the year 300 Fabiola, a Roman lady, erected a house for the care of the sick. At the Council of Nice, held about this time, hospitals were mentioned as an established work and were spoken of with enthusiasm. Paula, a noble Roman lady, founded at Jerusalem a hospital and a religious community for women.

An Ancient Nurse.—Paula was a typical nurse of this period. She was an educated woman, and one historian goes so far as to pronounce her "the trained nurse." She was doubtless one of the first persons who systematically trained nurses. An old English translation gives a quaintly vivid account of her work: "She was marvellously debonair, and piteous to them that were sick, and comforted them and served them right humbly; and gave

them largely of such food as they asked. She was oft by them that were sick, and she laid the pillows aright and in point; and she rubbed their feet and boiled water to wash them."

Early Visiting Nursing.—The Deaconess Order (see Chapter III) may be regarded as the first Visiting Nurse Association, since deaconesses in apostolic times cared for the sick poor in their homes as well as in hospitals. In the year 400 there were forty deaconesses serving as parish nurses in Constantinople. Phebe, mentioned by St. Paul, is regarded as *the first district nurse*. From her time visiting nursing has been done in one form or another in all civilized countries.

Central Europe.—In the early days of France and Germany, when the people lived an outdoor life, there was little illness of the ordinary sort. The frequent wars, however, made surgical nursing necessary, but this was usually impromptu, being done by the people who lived near where a battle took place. Soldiers were taught to dress their own wounds, and were frequently left to look after themselves when injured. The wounded were sometimes collected and placed in tents, but these were not hospitals in any true sense of the word.

About 587 Radegunde, of Thuringia (a province in south Germany), daughter of a king and wife of a king, took poor patients into her palace and herself helped to nurse them. There appear to have been no physicians in Thuringia, so that Radegunde prescribed for as well as tended the sick. Many women of noble birth followed her example.[1] Eventually she founded a religious settlement, with nursing as one of its chief activities.

[1] One authority states that in early German times all physicians were women. They were doubtless educated nurses, who made no distinction between different services in caring for the sick.

As these countries became more thickly populated, and towns became cities, the crowding together of great numbers of people for protection against enemies resulted in bad sanitation and disease. There were frequent epidemics of contagious disease, referred to as plague or pestilence, and considered a visitation of God.

These epidemics and other diseases caused by unsanitary surroundings made the care of the sick a considerable problem, which could no longer be met by emergency methods, but demanded a settled and permanent plan. Kings, princes, and prominent men and women began to establish hospitals.

The Religious Nursing Orders.—Philanthropy of all kinds was considered a religious exercise, and nursing became distinctly so. Religious orders, in which men and women gave themselves wholly and for life to the care of the sick and helpless, began to spring up, built hospitals, and became responsible for them; through gifts from rulers and nobles they accumulated property and became prominent in the life of the cities and towns.

Nursing sisterhoods in great numbers were founded from about 500 A. D. on. The members were at first not bound by any vows and wore no distinctive dress.[1] Later the clergy obtained control over them, directed their work, and imposed vows.

The Sisters of St. Elizabeth, the Sisters of St. Catherine, the Ursulines of Austria, the Lazarists, the Grey Sisters, the Black Sisters, the Sisters of Our Blessed Lady, and other orders were established in these early days.

The Beguines of Belgium, founded in the seventh century and continuing until the present, are a typical

[1] We have preserved accounts and pictures of abbesses (heads of the orders) and nuns dressed for state occasions in elaborate and expensive clothing.

order. The members do not take strict vows and may leave the order at any time. They have always done both hospital and private nursing. Their large colony (Beguinage) at Ghent, consisting of small, separate houses, is a most immaculate and interesting little village.

Nursing Brotherhoods.—Fully one-half the nursing of medieval times was done by men, since it was thought improper for a woman to nurse a man who was not a close relative. There grew up many religious orders of men that included nursing among their other duties. Some of these are the Brothers of St. Anthony, Brothers of the Holy Spirit, the Begards, the Alexians, and the Knights of St. John. John Howard, of England, who about 1780 made an extensive investigation of hospitals, found some of the best work being done in hospitals belonging to brotherhoods.

Related Orders.—There were a number of orders that included both men and women, such as the Brothers and Sisters of Mercy and the Brothers and Sisters of Charity. They worked together in hospitals, the Sisters caring for women patients, the Brothers for men; they also went out to private duty.

The members of all these orders were from the various ranks of society, but the nobles were executives and held the posts of honor, while the lower-class members did the rough manual labor. Three to six months' training in nursing was usually given.

Volunteer Hospital Nursing.—Religion at that period emphasized the value of good works in securing salvation, and it naturally followed that benevolently inclined persons turned to hospitals as fields for their souls' redemption. Volunteer visiting nursing in hospitals became a custom, and many prominent persons made this spectacular service their favorite charity. The wife of the

Emperor Theodosius the Great was accustomed to go to the church hospitals, where she washed and dressed the sick, made beds, prepared food, fed the patients, etc. Such unskilled care was perhaps more satisfying to the consciences of those who gave it than comforting to the patients.

Similar service, irregular and unsystematic, is common today in some Austrian and Italian hospitals.

Hospitals for Pilgrims.—From the time of the apostles many persons made pilgrimages to Jerusalem and other holy places. Both men and women made these journeys and the practice became fashionable. In those days traveling was slow and often dangerous, and hospitals were needed along the chief highways to care for pilgrims who became ill or those who were the victims of bandits. Many hospitals were thus established.

Hospitals for Crusaders.—The Crusades, beginning in 1096 and lasting for nearly two hundred years, also made hospitals necessary along every great travel route in Europe. Men, women, and children by thousands undertook the long journey to Palestine in a vain attempt to rescue the Holy Sepulchre from the "infidel" Moslem.

Many of the great European hospitals had their origin in the work of caring for sick or exhausted Crusaders, and thousands of monks and nuns did noble service in them. Special orders sprang up to undertake this work, called by the general name of Hospitallers. The Knights Templars (an order which still survives in an altered form), the Knights of St. Lazarus (whose cross is the emblem of the modern German Nurses' Association), the Teutonic Knights Hospitallers, and the Knights of St. John of Jerusalem were some of the best-known orders. Many of them continued their work in one form or another after the Crusades were over.

The **Knights of St. John** was a typical order. They built their first hospital in Jerusalem, but removed it to Rhodes and later to Malta. It was richly endowed by kings and nobles. The knights were men of rank, some of whom fought in the wars, and some of whom, with little or no training, prepared only by experience, undertook the work of physicians in the hospitals. The "half-knights," or serving brothers, were of a lower class, and doubtless did the actual nursing of the sick.

The English branch of this order, founded in 1100, still maintains hospitals and does nursing. St. John's House in London was, even before Miss Nightingale's time, a famous nursing center. *St. John's Ambulance Association* and the *National Association for the Aid of the Sick and Wounded During War* are branches of this order. Other divisions of the order exist in Germany, with both men and women members. The order had an active part in the establishment of the International Red Cross Society.

An old description of the Hospital of St. John, in Malta, gives a striking picture. The building was magnificent in its architecture, though the comfort of patients was little considered in its construction. The huge wards were high, vaulted rooms with very small windows. Their stone walls were hung with woolen curtains in winter, but must have been cold in winter despite them. Patients were housed and cared for according to their social standing, and the slaves—who constituted a large portion of the number—were assigned to what was practically the cellar.

"The Infirmarian [doubtless corresponding to the superintendent] is a professed knight, to whose zeal the care of the sick is intrusted. He must be present at the morning visitation of the doctors, . . . and must often visit the beds at night, . . . has authority to ap-

point and dismiss the warders or servants and to punish them should they fail in their care of the sick.

"Two professed knights must look after the distribution of medicines and of food, making notes of the daily expenses.

"There are fourteen servants, called warders, whose duty it is to attend to the sick day and night.

"To assist the cooks and warders in the care of dirty vessels and other mean offices there are forty-four Christians and Turks selected from the prisons of slaves.

"There are three principal physicians who visit the Infirmary twice a day, see that their orders are carried out, writing on the tablets attached to each bed the food and medicine required. To assist them are physicians who have a room in the Infirmary and who see the patients several times a day.

"There are three surgeons and six young men who sleep in the Infirmary and assist them."

Their Schedule of Methods.—"The beds of the sick are changed as requisite for cleanliness, and are remade every evening by the warders.

"The beds with curtains number 370, which are changed in the summer for white linen curtains. There are 375 beds without curtains.

"Beds used by persons with consumption are burnt, with all the sheets and other things belonging.

"The sheets are changed according to the needs of the sick, even though it be several times a day.

"It contributes greatly to the dignity of the Infirmary and to the cleanliness of the sick their being served with utensils of silver. The slaves are supplied with pewter utensils.

"There is a house for Incurable Women, under a woman Governor. There are four paid maid-servants who wait on the people, make their beds, and do everything necessary.

"An experienced, elderly woman is retained for cases of scurvy."

John Howard's Criticism.—When John Howard visited this hospital in 1789[1] he gave a rather poor account of its

[1] John Howard began an investigation of prisons and hospitals about 1770. He made seven tours on the continent, traveling 60,000 miles, and did much to make known the conditions existing in these institutions.

care of patients. He says: "The wards are all so dirty and offensive as to create the necessity of perfuming them. I observed that the physician, in going his rounds, was obliged to keep his handkerchief to his face.

"There were about 520 patients. They were served by the most dirty, ragged, unfeeling, and inhuman persons I ever saw. I once found eight or nine of them highly entertained with a delirious, dying patient.

"The governor told me that they had only thirty-two servants, and that many were debtors or criminals.

"At the same time I observed that nearly forty attendants were kept to take care of about fifty horses in the Grand Master's stables.

"In the hospital for women there were 230 patients. A more offensive and dirty woman's hospital I never visited."

Degeneration of Religious Nursing.—From this and other descriptions it appears that in the early days of the nursing orders, while their founders were still alive, the proper spirit of service was maintained and the nursing was good. After the founders died more and more use was made of servants, until the real care of patients came into the hands of persons who were too ignorant of any of the amenities of life and too wretched and overworked to give any adequate care or to maintain even decent cleanliness.

Arab Hospitals.—The great Arab dynasties, embracing all of northern Africa and Spain, had hospitals which all historians agree were superior to those in Christian countries. Baas ascribes their excellence to the fact that they were controlled by physicians rather than by monks or warriors.

The great hospital at Cairo, Egypt, founded in 1283, had chief physicians who held clinics for medical students. It had its wards classified, employed both men and women nurses, had streams of running water in some of the wards,

fever wards cooled by fountains, and other comforts. Damascus and Alexandria had well-equipped hospitals under expert physicians. Bagdad employed sixty salaried physicians on its hospital staffs, probably the earliest instance of the paid staff. Cordova, in Spain, had forty government hospitals.

The **oldest hospitals** still in existence are the Hotel Dieu of Lyons (France), founded by Clovis in 542, and the Hotel Dieu of Paris, founded by Bishop Landry in 650. They were almshouses, orphanages, refuges for travelers, etc., as well as being hospitals.

The nurses in these hospitals were religious women who devoted their lives to charity, but were not at first nuns, in that they took no vows and did not wear a distinctive dress. Those in the Hotel Dieu at Lyons are referred to as "bedroom servants, penitents, repentant maidens," etc., and were often recruited from among women who had led a vicious life and wished to reform.

Conditions in the Great Church Hospitals.—In the Hotel Dieu at Lyons one nurse cared for from ten to twenty patients, and at night there was but one nurse to one hundred patients. It was here that five patients occupied one bed.

The first floor of the Hotel Dieu at Paris was originally a candle factory and later a public slaughter-house. It is said that the ward windows were nine feet above the floor and were seldom opened.[1] There was no separation of medical and surgical cases, nor of contagious and non-contagious.

The beds were of wood, painted black, and had heavy serge curtains and canopies. Two and four patients occupied one bed, in some cases being placed two with their heads at one end and two at the other. We are told of a

[1] "A Century of Nursing," published in 1872, author unknown.

crowded period when eight patients were assigned to one bed, four occupying it in six-hour turns, the other four lying upon the floor meantime.[1] The day nurses went off duty at ten in the evening, and there was practically no night nursing. If a patient died in the night, his corpse remained where it was, usually in bed with a living patient or upon the floor. Such conditions could hardly



Fig. 2.—A ward in the Hotel Dieu of Paris. Facsimile of a wood engraving at the head of a sixteenth century manuscript. Reproduced from Hoffbauer, Paris, à travers les âges, I. (Courtesy of The Modern Hospital Publishing Co.)

fail to brutalize the nurses, and the work must have been very hopeless of results.

The **Hotel Dieu of Paris** was staffed by the Augustinian Sisters, the oldest purely nursing order. They served this institution for twelve hundred years. The sisters were entirely subordinate to the clergy, who constantly interfered with the details of their work. The priests counter-

[1] Dr. Christian Goler, in his work on "Deaconesses."

manded the doctors' orders at their discretion, had ideas of their own in regard to treatment, insisted that patients fast for the good of their souls, limited the sisters' work in accordance with their own ideas of propriety, and sometimes sent them to prayers to the neglect of their patients. The sisters were never permitted to help with gynecologic examinations, to give vaginal douches, to care for venereal cases, to give enemata to men, to witness childbirth or care for obstetric cases, nor even to diaper boy babies. It followed that all these things had to be done by ignorant and uninstructed servants. The doctors always protested vigorously, but in vain. Many of these conditions have existed almost to the present day.

The Sisters' Devotion.—A just tribute has been paid to the work of these sisters: "There is something thrilling and pathetic in the thought of twelve unbroken centuries of nursing by the Augustinian Sisters in this one hospital, and of their successive generations, toiling in complete self-abnegation and renunciation even through their old age. From the thirteenth century their lot seems to have been made needlessly bare and hard. Not only was their work cruelly heavy, but they were denied that light of knowledge which brightens the severest toil. . . . For them a professional instruction did not exist. Only a routine handed down from one to another approached anything that could be called teaching. What wonder that they were left behind and that a changed civilization found them unable to adapt themselves to it?"[1]

Civil Hospitals.—There were few large hospitals of any sort before 1100. After that time trade increased, cities grew, and, though the church hospitals made ampler provision, their accommodations were insufficient, and the municipalities were compelled to undertake the care

[1] "History of Nursing," by Nutting and Dock.

of the sick. City hospitals were built which shortly rivalled the church hospitals in the size and beauty of their buildings.

These municipal hospitals were usually in charge of a man who was not a physician, and who knew nothing of nursing. There was no superintendent of nurses and the results can be imagined. The religious motive was lacking in the lay persons who undertook nursing in these city hospitals, the disagreeable features of the work assumed prominence, and nursing came to be classed with menial work. A certain amount of teaching in the traditional procedures of the care of the sick was inevitable, but it must have been little more than one nurse instructing another.

In few hospitals was there any provision for people of means, and most of the patients were serfs or slaves, who were not used to rights and did not expect consideration.

The work of the doctors was fantastic, weird, and often brutal. In surgical work hot irons were used to control hemorrhage, or the part was dipped into boiling oil. Hot oil was commonly used as a dressing for wounds.[1] Anesthetics did not exist, and operations were done with the patients held upon the table by strong men. For the convenience of the doctors several patients were in the operating-room at one time, where they saw and heard what happened to their companions.

For medical cases care rather than cure was the rule. Illness was thought to be sent of God for punishment or

[1] Infected wounds were the invariable rule. "There came such a stench from wounds that the bystanders could scarce endure it. Nor was this from lack of care, for the wounds of princes stank as ill as those of the common people. If any chanced to be left without dressing for one day, next day the wound would be full of worms [supposed to be bred spontaneously]."—Paget's "Life of Ambroise Paré."

discipline, and was to be endured as best it might. Chronic cases were very terrible because of the inadequate care. Bed-sores were common and horrible. Any infection in a hospital spread like wildfire, and in the end every hospital became a veritable pest-house. The horror of hospitals, which has existed up to our own day, doubtless had its origin in the middle ages.

Private Nursing.—Persons who had comfortable homes did not think of going to a hospital. They were cared

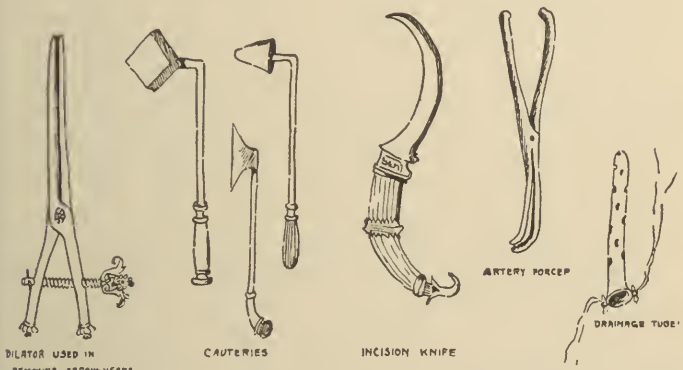


Fig. 3.—Surgical instruments used by Ambroise Paré, the famous surgeon, 1510–1590.

for in illness by members of their own families or by their servants, maids or valets, or those accustomed to look after children. Often the children's nurses remained with the family and became sick nurses for their charges in their mature years.

Care of the Insane.—There were insane wards in some hospitals; also separate asylums. Cure of insanity was thought to be impossible, and asylums were provided for the protection and comfort of the community rather than

for the welfare of the patients. The asylums were practically prisons. Our own system, especially the practice of having the insane committed to an asylum at the word of a judge or court rather than of a doctor, is a survival of medieval methods.

Insane persons, even those of refinement, were treated much as animals, were often half-starved, and were rarely kept in any but a filthy condition. Iron manacles and chains were used for restraint. There was a time when it was seriously taught that fright and tortures were useful in driving out madness.

The first person to take real care of insane persons was Mlle. de Gras of the order of St. Vincent de Paul. Her work, conducted with kindness and humanity, was a revelation to all who saw it. The Roman Catholic sisterhoods always took better care of the insane than did anyone else.

The Sisters of Charity.—Soon after the year 1600 Vincent de Paul, a man deeply religious and eminently sensible, established a lay organization that might be considered the forerunner of the modern Charity Organization. Its members were mostly women, and its work was a systematic endeavor along all lines of benevolence.[1]

Mlle. de Gras and Mme. de Gossault were two of the most capable women who assisted Vincent de Paul. Under his supervision they trained young women for all sorts of charitable work, including nursing.

In 1633 the work was organized as a definite order, with a central home in Paris, and was called the *Sisters of Charity*. In 1639 they were asked to undertake the

[1] St. Vincent tried to suppress beggars, with whom all Europe was overrun. He established municipal lodging houses, town workshops and trade schools, farm colonies, etc. He was always greatly interested in the care of the sick.

nursing of several hospitals, and Mlle. de Gras trained them for this work.

St. Vincent allowed the sisters to take vows, but only for a year at a time, so that one might drop out of the order without criticism. He wished them to retain their secular dress.

Within twenty years' time the order had nearly one hundred mother-houses, and the sisters were in great demand for both hospital and private nursing. Later, during the Reign of Terror, the government of France recognized them when all other religious orders were suppressed.

Their fame reached its height early in the nineteenth century. The order was established in America in 1808 at Emmetsburg, Md., by Mrs. Eliza Seton.

Medieval Nursing Appliances.—There was very little special apparatus, either in homes or in hospitals, for use in the care of the sick. Articles used by well persons were adapted as best they could be to the purposes of illness. Enema bulbs and tubes, catheters, and dressing basins were about all that was available.

Beds were of straw, and it was customary to remove the patient when they were made. Well-to-do families had two or three beds for the sick person, so that he might be changed from one to another. Draw-sheets were of leather, as rubber goods were unknown. Stone jugs were used for bed-warmers. Invalid rings were in use for the many cases of bed-sore, but were of leather and stuffed with hair, moss, or feathers. After a time oiled cloth was invented and was used for draw-sheets.

Bed curtains, usually of woolen or some material not washable, were in common use as a protection against flies and for privacy. Bed screens were invented in 1777, but were clumsy and not much used. Wards were at

first heated by means of fireplaces and later by stoves, but the rooms were so large and high that either was decidedly inadequate.

EARLY ENGLISH HOSPITALS AND NURSING

The first hospital in England was doubtless that at York, built by Athelstane about 936. It was also a poor-house and had a department for lepers. It boasted eight nursing sisters.

Lafranc, Bishop of Canterbury, built a hospital in that city about 1700.

St. Giles' Hospital was built in 1101 by Queen Matilda. She also built St. Katherine's Hospital in 1148. Women of noble birth did nursing in these hospitals and district work in the homes of the poor.

St. Bartholomew's Hospital, whose organization has been continuous to the present time, was built in 1123 by Rahere, formerly the king's jester, but then an Augustinian monk. It was the first building in England really worthy of the name hospital, but it was at first a poor-house and orphanage as well. It was nursed by eight monks and four nuns.

In almost every town there were hospitals in connection with the church, where the sick were cared for by monks and nuns.

In England and on the Continent there were hundreds of so-called leper hospitals. Under the term "leprosy" were doubtless included lupus and other forms of tuberculosis and syphilis.

Early English Nursing.—There were almost no doctors in those times, and none at all outside the important cities. The monks and nuns, self-taught, became the prescribers for the community, while noblewomen, who had great retinues of servants and dependents to look

after, also developed skill in the art of healing. Educated persons, both men and women, were taught a little "physic" and surgery as part of their schooling.

It is doubtless a survival of these old-time ways that causes so many of the laity at the present time to feel that a nurse should know what is "good for" certain ailments. The artificial division between doctors' and nurses' work has rarely been recognized by the people at large.

Rise of Municipal Hospitals.—After the Reformation (1517) monasteries were everywhere suppressed, and the Church hospitals were taken over by the cities. The nursing went into the hands of the servant class, whose best work was very poor. A good deal of what we regard as nursing was done by the doctors, and wherever there was a medical school the students did hospital nursing.[1] The personal services of bathing, attending to excreta, etc., were considered servants' work, pure and simple.

An old record specifies the nurse's duties:

"She must stupe as often and in such a manner as the doctors shall direct, and shall attend to the workings of all vomits.

"She is to make all the beds on one side of the ward, and to scour and make clean the beds and floors of the whole ward, the passages, stairs, etc.

"She must keep clean scoured the cans for beer, and the dishes fouled at dinner.

"She must attend the butler at the ringing of the beer bell and of the bread bell, . . . and at the ringing of the cook's bell must receive from her the exact amount of provisions appointed for each patient.

"She may take to help her such patients as the sister [head nurse] shall see fit."

These rules show plainly that the so-called "nurse" was little more than a ward maid. There could not have been much real nursing under such a régime.

[1] A similar condition exists today in Spain.

The **dark period of nursing,** so-called, began about 1675, and continued until recent times. There was "a complete and lasting stagnation, and it was forgotten



Fig. 4.—"Mrs. Gamp propoges a toast." (From Dickens' Martin Chuzzlewit.)

that a refined woman could be a nurse, except perhaps in her own family. Nursing in any real sense of the term practically ceased to exist. Solely among the religious

orders did nursing remain an interest and some remnants of technic survive."[1]

Nurses were so ill-fed, overworked, and ill-treated that no one would undertake the work who could get anything else to do. The average nurse was lacking both in skill and morals. Some of the hospital rules set forth in 1789 suggest the state of affairs:

"No dirt, rags, or bones shall be thrown from the windows.

"Nurses are to punctually shift the bed and body linen of the patients, viz., their sheets once in a fortnight, their shirts once in four days, their drawers and stockings once a week or oftener if found necessary.

"All nurses who disobey orders, get drunk, neglect their patients, quarrel or fight with other nurses, or quarrel with men, shall be immediately discharged."

Scarcity of Protest.—It was in protest against these conditions that Dickens portrayed the character of Sairy Gamp, with her selfish, easy-going indifference to the patient's comfort. While not all the nurses of the day were like her, she was typical of a large class.

One wonders why people put up with such service. One finds the answer in certain conditions of our own time which are equally irrational and inexplicable. Our own calm acceptance of political graft in public institutions, of the social evil, of imprisonment without labor, and of other practices which are as stupid as they are wrong, show how slightly removed we ourselves are from the Dark Ages.

If we read history with a candid mind and open our eyes to things about us, we shall be roused to join that small but glorious army of those who have laid aside personal considerations and have worked for the world's

[1] "History of Nursing," by Nutting and Dock.

betterment, bringing about greater physical comfort, moral cleanliness, and spiritual emancipation.

SUMMARY OF IMPORTANT POINTS

The early Christian nurses were the deaconesses, who combined nursing with other good works. Beginning in apostolic times, there were many large hospitals nursed by deaconesses.

Phebe and other deaconesses did district nursing among the poor.

Paula, a noble Roman lady, was one of the first who gave training in nursing.

In the early days of France and Germany there were many educated women who developed great skill in both medicine and nursing.

Volunteer hospital nursing began in early times, the piety of the volunteer being considered more than the comfort of the patient.

From about the year 700 on the deaconesses were replaced by nursing sisterhoods and brotherhoods, composed of persons who lived isolated from the world. Nearly all philanthropic work was done by the religious orders, and they furnished almost the only outlet for humanitarian impulses.

The Hotels Dieu of Lyons and Paris, and other hospitals founded as far back as the sixth and seventh centuries, still exist.

Religious pilgrimages, and especially the Crusades, created a necessity for many large hospitals. Some of these hospitals were richly endowed and had magnificent buildings. Nobles held office in them, but much of the nursing was done by low-class servants.

Some of the nursing orders of the time of the Crusades remain in one form or another at the present time.

The Arabs had fine, well-managed hospitals in northern Africa, western Asia, and Spain.

As cities grew, the hospitals belonging to the religious orders were insufficient and the municipalities took up the work of caring for the sick poor. Nursing in the civil hospitals was done by the servant class and was poor in quality.

The interference of the clergy caused nursing in the religious orders to deteriorate.

Medical and surgical practice was rude and often brutal, equipment was crude and scanty, and hospitals became places of horror. A dread of hospitals developed which has survived almost to the present.

The insane were treated with great inhumanity because of ignorance of better methods.

The Hotel Dieu of Paris was nursed for twelve hundred years by the Augustinian nuns. The sisters were kind, but their work was unskilled.

St. Vincent de Paul founded in 1633 the order of the Sisters of Charity and improved the work of nursing.

Early English hospitals were good, but deteriorated as they became secularized.

The dark period of nursing extended from about 1675 up to the middle of the nineteenth century. As a protest against the existing conditions Dickens depicted the character of Sairy Gamp.

CHAPTER III

THE DEACONESS MOVEMENT AND ITS CONTEMPORARIES

In apostolic times there were, as we have learned, deaconesses who looked after the sick and poor. They were, in effect, a branch of the clergy, since they took part in the services of the church. They flourished for three hundred years.

Decline of the Apostolic Deaconesses.—In the fourth century the order began to decline. Monastic orders became popular, and the custom was established that led women who were interested in good works to cut themselves off from the world by vows. Deaconess nurses were, therefore, no longer heard of, and during the Middle Ages monks and nuns were the only people who professionally nursed the sick.

Attempts to Revive the Order.—At the time of the Reformation Luther thought seriously of reviving the office of deaconess, but felt that it was impracticable. Other churchmen found the same need of giving to women who had the time and inclination a chance to put their philanthropic instincts to use in the world. Soon after 1520 small deaconess bodies were heard of; late in that century there was a well-known Protestant lay body called the Maidens of Mercy, whose work was among the sick and poor.

During the great wars of the eighteenth century many women's societies were organized, primarily for the care of the wounded; after the wars their work included the care of disabled soldiers, widows, and orphans.

Count Adelbert, von Stein, Pastor Kloenne, Amelia Sveiveking, and others attempted to establish Protestant sisterhoods, but most of them failed sooner or later.

In England.—Some of the more advanced doctors of England felt the need of help from women of a better class than most of the nurses were. About 1825 Dr. Robert Gooch tried to induce either the Methodists or the Quakers to "establish an order of women, selected for their good sense, industry, kindliness and piety. Let them be placed as pupil nurses in the hospitals of Edinburgh and London. Let them be examined frequently as to what they have learned. Let books be framed for them, brief and untechnical. Let the women thus educated be placed two together in a cottage in some country district, and villagers would soon have reason to bless the hour that they came."

Here we find the germ idea of the training-school connected with a hospital, of nursing text-books, of nurses' examinations, and of district and rural nursing.

Other prominent persons tried to set going similar plans. Elizabeth Fry, who had given such conspicuous service in prison reform, was interested. Her sister and daughter, urged by Dr. Gooch and by Robert Southey the poet, succeeded, in 1840, in establishing an organization called the "Protestant Sisters of Charity," which name was later changed to "Protestant Nursing Sisters." The training which they had at Guy's Hospital, London, was what we should call hospital visiting; they lived outside and went to the hospital for only a few hours a day to work under the doctors and untrained ward nurses. They seem to have had no classes or theoretic work. They were prepared to be attendants in private homes. The order is still in existence.

In 1845 Miss Sellon formed the order of Protestant

Sisters of Mercy. They did some nursing among the poor.

The first purely nursing order of the English Church was founded in 1848 at St. John's House, London, under Bishop Bloomfield. The nurses were required to be members of the church, and were supervised by a clergyman, but had, in addition, a lady superintendent. They were sent to hospitals for training, but lived at St. John's House. They had religious instruction and frequent prayer services, but nursed only a few hours a day. In 1856 the order was reorganized, and the probationers spent an entire year in the hospital. Six nurses from St. John's House went to the Crimea with Florence Nightingale.

All these orders may be considered as the immediate forerunners of the modern training-school for nurses.

The Founding of Modern Deaconess Work.—Theodor Fliedner, the young pastor of a small parish at Kaiserswerth on the Rhine, in 1822 went on a trip to England to beg money for his church work. He was much impressed with the philanthropy which he saw in the countries he visited; with the prison work, hospitals, etc. "When he came back from this trip Fleidner brought with him a larger knowledge of the art of caring for the helpless than any other person living possessed."[1] He had found deaconesses at work in Holland, and took much to heart the idea that this order should be revived. He knew that the work could not be undertaken without the help of a woman.

Soon after Fliedner married Frederika Münster, a remarkable woman. In her early years she had founded an institution for the care of children and had shown initiative and organizing ability.

[1] Dr. Alfred Worcester, in "Nurses for Our Neighbors."

The First Modern Deaconess Hospital.—Fliedner well knew how poor the nursing was in even the best hospitals of the time. Frederika was as interested as he in the plan

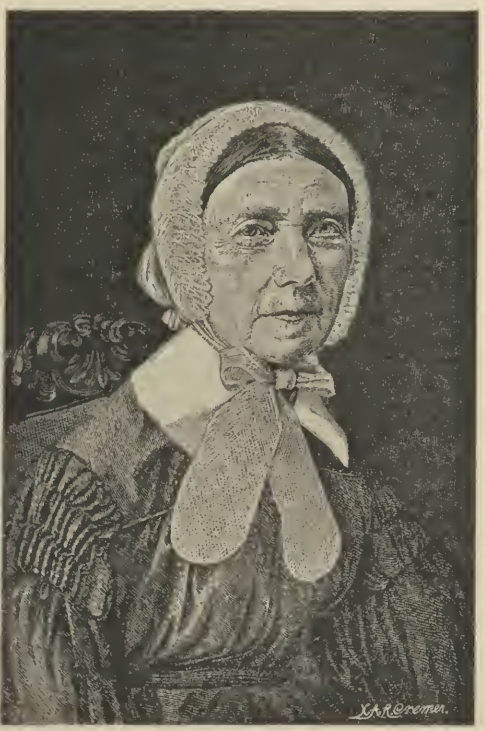


Fig. 5.—Gertrude Reichardt. The first deaconess nurse trained at Kaiserswerth. (From "Bilder aus dem Diakonissen-Leben.")

of reviving the deaconess order and of training its members in nursing. They fitted up a building for a hospital and deaconess home.

On October 16, 1836, the first patient, a servant girl,

was admitted to the hospital. The *first nurse deaconess* was Gertrude Reichardt, a woman of forty-eight, daughter of a doctor, who had helped her father with his private practice and in the war. Six other women came that first year to be deaconesses.



Fig. 6.—Frederika Fliedner (née Münster). Superintendent of the Kaiserswerth Mother-house 1836–1842. (From "Jahrbuch für Christliche Unterhaltung," 1894.)

The Kaiserswerth Training.—Nursing was the deaconesses' chief work, but they also cared for prisoners and orphans. They had a good deal of Bible study, and took their turn in kitchen, laundry, and garden.

Frau Fliedner was practically the superintendent, and Fliedner himself always gave her the credit of the suc-

cess of the work. In her journal she wrote out notes on nurses' training, which have become the standard of Kaiserswerth work to this day. Her journal is, in effect, the first work on nurses' training ever written by a woman.



Fig. 7.—Caroline Fliedner (née Bertheau). Superintendent of the Kaiserswerth Mother-house 1843–1892. (From "Jahrbuch für Christliche Unterhaltung," 1894.)

The little institution was so excellent that it soon became well known, and many visitors came to it to study methods. Elizabeth Fry was there in 1840.

After six years of overwork, in 1842, Frederika died.

A little later Fliedner met Caroline Bertheau, who was in charge of the nursing in the General Hospital at Hamburg, and married her. She took charge of his establishment, and remained at the head of the work for nearly forty years, up to about 1884.[1]

Growth of the Work.—Ten years after the founding of the mother-house at Kaiserswerth there were over one hundred deaconesses in it, and the work had been begun at several other stations. When Fliedner died, in 1864, at the end of twenty-eight years of work, there were thirty-two deaconess houses, and sixteen hundred deaconesses were at work in four hundred fields.

In 1846 Fliedner went to London with four deaconesses, and started them at work in the German Hospital.

In 1850 Pastor Passavant of Pittsburgh, U. S., asked for deaconesses to start the work in America. Fliedner selected a number and he himself went out with them.

Florence Nightingale at Kaiserswerth.—In 1850 Florence Nightingale visited Kaiserswerth for two weeks, and in 1851 she came for four months' training. She was very happy there, though she found somewhat to criticise. She knew that it was the best nurse's training that was to be had, but it was far from her ideals.

Plan of the Deaconess Order.—According to the original plan, in Germany still adhered to, deaconesses take no vows, receive no salary, and are taken care of for life. In America these customs have been modified.

The work is chiefly among the poor. Deaconesses may work in almshouses, have charge of orphanages, teach children, work among prisoners or unfortunate women, or do private nursing. They have helped in many epidemics and in many wars.

The order is distinctly a religious one and under the

[1] She had eight children. Frederika had seven.

control of the clergy. This power of the pastors has sometimes interfered with the work of nursing, and some branches have seemed inclined to sacrifice efficiency to religious zeal, and to interfere with the nurse's personal relations or her mental development. Sister Gabriele, a very spirited German deaconess, left the order because of its restrictions, and stirred up a great deal of comment.

The "Free Sisters" of Germany began in the latter part of the nineteenth century to protest against these methods of repression and subordination. They finally organized and have done much for the deaconesses of Germany. (See Chapter XVI.) Fliedner himself appears to have been always sensible and practical and to have used his authority wisely.[1]

What We Owe to Kaiserswerth.—Modern training-schools for nurses have inherited much from the deaconess organizations and especially from Frau Fliedner's régime. "The probationary system, letters from clergyman and

[1] Some of Fliedner's *Rules for Self-examination* of the deaconesses were:

Do I take care that the ward is aired and arranged at the proper time?

Have I listened attentively to the direction of the physician, and observed punctually his orders as to medicine, diet, etc., [only verbal orders were in use,] using no remedies not prescribed or sanctioned by him?

Am I careful to inform him of the patient's state, and of the particular effects of medicine administered?

Do I see that the patients' clothes, diet, etc., are sufficient and of the right kind, and have I attended to their bodily wants kindly and faithfully?

Have I been prudent and careful in using the provisions and appliances of the hospital?

Have I been obliging, cheerful, patient, and watchful?



Fig. 8.—Kaiserswerth twenty-five years ago.

doctor as to character and health, allowance of pocket money, grading of nurses from probationer to head nurse, superintendent at the head, class work and lectures, the principles of discipline, etiquette, and ethics."[1]

The deaconess hospitals took the view, at that time rather unusual, that a nurse must follow out the doctor's orders exactly, and that he and not she was responsible for the outcome. They did not admit "lady probationers," as did the English hospitals, but insisted that all nurses be on the same social level. They required that nurses sent out to private duty be treated as members of the family, not as servants; and they saw to it that they were allowed proper time for rest.

NURSES' TRAINING CONTEMPORARY WITH THE DEACONESS MOVEMENT

Germany.—Schools for training nurses were established from about 1830 on, but we have little record of their work, and it seems to have been largely swept away by the deaconess work. These schools were organized and controlled by doctors, who also gave the nurses in them their teaching. Diffenbach, Gedike, and Kluge founded schools in Berlin; Ruhstadt, one in Gottingen. These men wrote books for the instruction of nurses; Gedike a particularly good one.

We honor these men both for their humanitarian interest in the welfare of the patient and for their realization of what nurses needed. Their work constitutes a part of the foundation upon which is built the trained nursing of today. That the value of their work is not now more apparent is due not to any flaw in its quality, but to the fact that no work for nurses could have any great and lasting success until it was undertaken by nurses them-

[1] "History of Nursing," by Nutting and Dock.

selves. Help from others is doubtless necessary at the beginning of any enterprise, but not until those engaged in it can stand on their own feet does it make much headway.

Russia furnishes some interesting examples of nurse training, chiefly in midwifery. Up to about 1750 most of the maternity work was done by German midwives. In 1754 the Russian government established a school for midwives, where they were taught both the delivery and after-care of patients; but it had no practical instruction, merely lectures, and even those were given through an interpreter, the professors being German.

A little later the Empress Catherine founded several small hospitals for women and children, where midwives did the nursing and had some teaching; these hospitals had a low death-rate, which proves that their work was good.

Soon after 1800 Russia began to train women for obstetric work in country districts, the studies being not only medical, but arithmetic, geography, and the Russian and German languages.

Switzerland.—Due credit has not been given to the school of La Source at Lausanne. It was founded in 1859 by the Count and Countess Gasparin for Protestant laywomen. The nurses were given six months' "private instruction by a director" and nursed under supervision in the homes of the poor, the plan being similar to that followed by the Waltham School in America (*q. v.*). For many years the school gave no hospital training, but since 1891 it has had a small hospital. It is said that "better nurses have never been sent forth from any school, and they have won distinction not only in private service, but as heads of wards and operating-rooms and as matrons of large hospitals" (Worcester).

Other authorities (Hamilton) claim that the training is of inferior quality. The school at least stands as an early attempt at modern methods.

SUMMARY OF IMPORTANT POINTS

After the fourth century the apostolic order of deaconesses began to decline, and was replaced by those made up of monks and nuns.

With the Reformation many persons, both lay and clergy, tried to revive the order, but without great success.

In England several Protestant nursing orders were founded that did nursing—the Protestant Sisters of Mercy and of Charity and the Sisterhood of St. John. The latter is still at work.

Theodor Fliedner founded at Kaiserswerth, Germany, in 1836 the modern order of deaconesses. His first wife, Frederika, may be considered as the pioneer worker in nurses' training. His second wife, Caroline, also carried on the work with great ability.

The deaconess movement grew rapidly and before Fliedner's death had spread to many countries of the world. It was distinctly a missionary movement, but revolutionized hospital nursing.

Florence Nightingale took four months' training at Kaiserswerth and drew from it much inspiration for her work.

The deaconess nurses were, like the Roman Catholic Sisters, very religious, but were taught to follow the doctor's orders in preference to those of the clergy. Any lack of progress in deaconess nursing is usually attributed to increased control by the clergy.

Training-schools for nurses were established in Germany

by doctors as early as 1830, and are part of the foundation of modern training-schools.

In Russia the government undertook the training of midwives about 1750, and has always given careful courses in this branch.

The school of La Source at Lausanne, Switzerland, founded in 1859, is noteworthy as an early attempt at modern training. The Waltham School of America drew inspiration from its methods.

CHAPTER IV

FLORENCE NIGHTINGALE AND HER WORK IN THE CRIMEA

The general dissatisfaction with the nursing of that day, the abortive attempts of many good people to give training to nurses, and the success of the Deaconess Order all paved the way for the coming of a woman whose ability should be equal to the task before her. Florence Nightingale can hardly be considered a product of her time, since she was far ahead of and beyond it, but she found the time ripe for her genius as the *founder of modern trained nursing*.

Her Early Years.—Her parents were well-to-do English people, cultured, remarkable for their sincerity, high ideals, and deep mentality. Florence, the youngest of two daughters, was born in May, 1820, in Florence, Italy, and was named for that city. When she was five her parents returned to England.

While she was still a little girl she showed her kindness of heart and her wish to be helpful by nursing sick animals. When she was in her teens she visited among the sick poor of her neighborhood and did what she could for them. Among her relatives she was ready and competent in illness.

Her Wish to Be a Nurse.—Soon after she was twenty she asked her parents to permit her to go into a hospital and learn to be a nurse, so that she might care for the poor people of her own neighborhood. They knew something of the dreadful conditions then existing in hospitals

—that the majority of nurses were of a low, rough class—and could not bring their minds to the thought of their daughter doing such a thing. She would not go without their consent, and the situation grieved her greatly. She believed that an earnest life must express itself in work for humanity, and that "the service of man is the service of



Fig. 9.—Florence Nightingale when a child.

God." She longed for the chance to be helpful in a large way.

Her Family's Continued Opposition.—By the time she was twenty-four she had definitely decided that she ought to undertake the work of nursing. Her family still did not sympathize with her thought of service to the world, but tried to make her see that her place was at home in the

ordinary rounds of woman's life. For years they tried by travel and social life, to distract her from her purpose. She had long trips on the Continent, studied music in Italy, played, and sang. She met many prominent persons and many brilliant ones. She was introduced in Paris society by the famous Madame Recamier. For years she tried to interest herself in these things and to bring herself



Fig. 10.—Florence Nightingale's home. (Courtesy of Lakeside Publishing Co.)

to the viewpoint of her parents; but she never succeeded in getting away from what she felt was a call from heaven.

Her Personality.—She was a student of deep and difficult subjects. It is reported that Sir Henry de la Beche said of her, "A capital young lady that, if she hadn't floored me with her Latin and Greek." While not actually

beautiful, she was attractive.[1] Julia Ward Howe said of her, "She was elegant rather than beautiful, tall and graceful of figure, her face mobile and expressive." Mr. Osborne describes her as follows: "She is just what you



Fig. 11.—Florence Nightingale in her early years (about 1858). (From a photograph by Goodman.)

would expect of any well-bred woman of her age. Her manner and face are prepossessing. Her face is not easily forgotten, pleasing in its smile, with an eye betokening

[1] There are twenty portraits of her in existence.

great self-possession, and giving a quiet look of determination. Her general demeanor is rather reserved; still I think she has a lively sense of humor. She speaks on matters of business with a grave earnestness one would not expect from her appearance. She has a mind disciplined to restrain under action every feeling which would interfere. She has trained herself to command, and learned the value of conciliation and self-restraint. I fancy she is a strict disciplinarian."

Her Plan.—In her trips on the Continent she had visited and studied hospitals in France, Germany, Belgium, and Italy. She had also seen those of Great Britain.

She had in mind to establish a sort of Protestant Sisterhood, not unlike the Deaconess Order, in which educated women should devote their lives to the relief of sickness. She had heard of Kaiserswerth and Fliedner's work, and longed to go there for training. While at home she studied medical and sanitary matters and political economy. Her family still tried to divert her from these ideas.

Training at Kaiserswerth.—In 1850, when she was thirty years old, she was able to stop at Kaiserswerth for a two weeks' visit; the opportunity gave her great joy. The next year she was allowed to go there for four months' training. She realized then for the first time her wish for practical instruction in nursing, though the training which she got was inferior to that which she later developed in her own training classes. While not satisfied with it, she felt that it was the best to be had and was very happy there.[1]

When she left Kaiserswerth she spent some time in the

[1] Fliedner told her frankly that he feared she would not like the work; told her that the nurses scrubbed floors, etc. She replied, "Just try me," and did her share of the scrubbing.

hospitals of Paris, doing actual work with the Sisters of Charity, seeing the work of brilliant French surgeons, and learning much of value.

Her Start in Her Career.—The following year, when she was thirty-two, she persuaded her family to let her take her life into her own hands. They despaired of her marrying and felt that further opposition to her wishes was useless. Her father made her an independent allowance of about $2500 a year. Afterward her people were very proud of her, and her mother acknowledged, "You would have accomplished nothing had you not resisted me."

It was this year that she wrote in her diary, "I had three paths among which to choose. I might have been a literary woman, or a married woman, or a hospital sister." In a sense she became the first, since all her life she wrote much and well. She might have chosen the second path, as she had many admirers and some serious love-affairs.[1] She felt, however, that God had called her for a special work, which could not be done if she married.

Her First Executive Position.—In August, 1853, she took charge of the *Establishment for Gentlewomen During Illness*, in Cavendish Square, London. She was eminently successful in the position, both doctors and others being impressed with her ability. With great tact she managed a situation at which she was most impatient. Her Board was intolerant and could not see that the comfort

[1] A young cousin fell in love with her, but was refused. A very fine man, for whom she really cared, tried for some years to persuade her to become his wife. It was evidently hard for her to refuse, but she felt that she had other work to do. When she started for the Crimea he wrote her, "I hear that you are going to the East. I am happy that it is so, . . . and hope you will find satisfaction in the work. You can undertake *that*, when you could not undertake me. God bless you, dear friend, wherever you go."

and welfare of patients was more important than petty rulings; but her diplomatic methods achieved results without giving offence.[1]

Not long after, King's College Hospital approached her and asked that she become their superintendent of nurses. She was preparing to accept this offer and had begun to plan work there when the call to the Crimea came.

The Call to the Crimea.—Russia was at war with the combined forces of England, France, and Turkey. In the fall of 1854 it became apparent that the medical system of the British Army was utterly inefficient. Division of responsibility, official red tape, and lack of nurses made the condition of the wounded after a battle a national disgrace. The facts became known and public appeals were made for help and supplies.

Miss Nightingale read the appeals and they came to her as a call from God. This was what she had been waiting for so many years, a field worthy of her powers. She wrote to Sir Sidney Herbert, Secretary of War, whom she knew personally, and offered her services. She began at once to arrange a plan for financing the sending of nurses

[1] She wrote to her family with a keen sense of humor: "My Committee refused to let me take in Catholic patients, whereupon I wished them 'Good morning.' Now it is settled that we are to take all denominations and allow them to be visited by their respective priests, providing that I will meet the obnoxious animal at the door, escort him upstairs, and bring him down again in a noose. To this I have agreed. Amen. From Committees, Charity, and Schism, from the Church of England and all other deadly sins, from philanthropy and all deceits of the devil, . . . good Lord, deliver us.

"I do all my business by intrigue, which I resolved I never would. I wrote out a series of regulations, and presented them to the Committee, not telling them from whom they came. They passed them. I showed them to the medical men; they had them up in two meetings and approved them, thinking they were their own."

and supplies, using her own money and getting pledges from friends.

Meantime the Secretary of War had settled upon Miss Nightingale as the one who should undertake the organization of a band of nurses to go to the Crimea and care for the wounded. He wrote her: "I know of but one person in England capable of carrying out such a thing, yourself. Upon your decision will depend the success or failure of the plan. Your own personal qualities, your knowledge, your power of administration, your rank and position in society give advantages which no other person possesses." With rare insight he added, "If the work succeeds, an enormous amount of good will be done now; and a prejudice will have been broken through which will multiply the good to all time."

His letter passed Miss Nightingale's in the mail, and both had their answer.

Miss Nightingale Starts for the War.—Five days later Miss Nightingale had received her official recognition and instructions from the government. Two days after, on October 21, 1854, she set out for the Dardanelles with thirty-eight nurses.

Her nurses were Roman Catholic and Anglican sisters, lay nurses from St. John's House, and others. Some of them were not a success and returned after a brief service. She herself regarded only about half of them as efficient. More nurses went out later, until the whole number was about one hundred and twenty-five.

Establishment of the Nurses at Scutari.—The nurses arrived in two weeks' time at Scutari, just across the strait from Constantinople. Here, in one of the most beautiful situations in the world, were four large hospitals. The Barrack Hospital was given to Miss Nightingale and her nurses. It was supposed to accommodate 1700

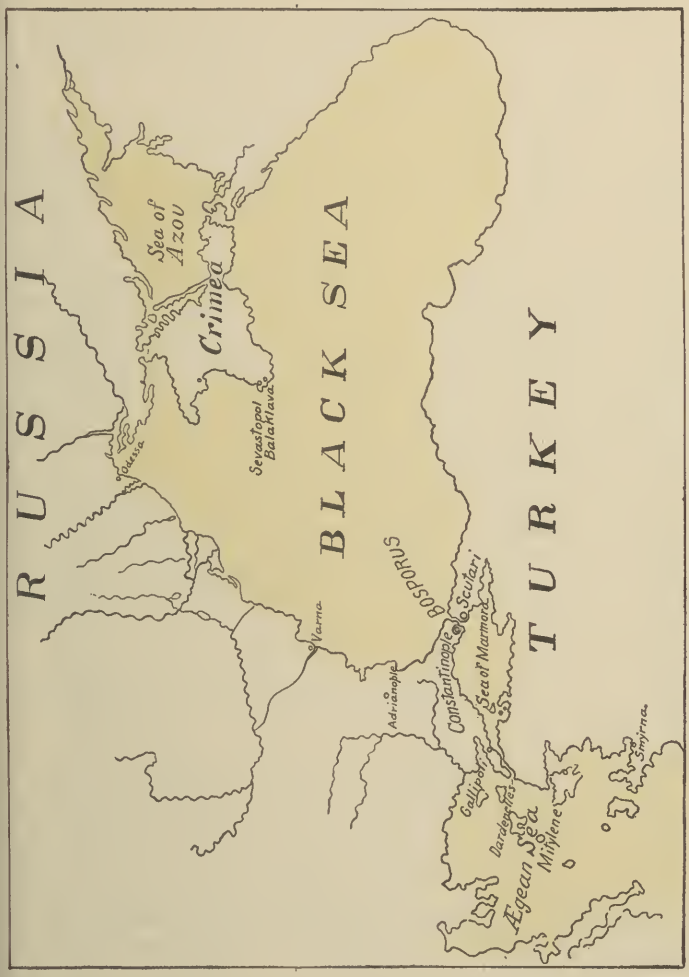


Fig. 12.—Map of the Dardanelles and the Crimea.

patients, but at that time there were between 3000 and 4000. There were *four miles of beds*, set 18 inches apart. Miss Nightingale was given charge of 1500 patients.

The nurses' quarters were very small, dirty, and swarming with rats and vermin. Five and six nurses roomed together, using the same room for their meals.

Hospital Conditions.—The wards, badly crowded, had no proper ventilation, and were dirty and unsanitary beyond description. The toilet accommodations and the plumbing were as bad as could be. The beds were mostly of straw, and many were laid directly on the floor. The few sheets to be had were of canvas, and so rough that the men begged not to have them used. Practically no laundry was being done[1]; there was no hospital clothing, and the patients were still in their uniforms, stiff with blood and covered with filth. There was no soap, nor towels, nor basins, and very few utensils of any sort. Every place swarmed with vermin.[2]

There were no knives or forks, and the men ate with their fingers. The food was badly or half-cooked, and the very ill patients had practically nothing which they could eat. It took four hours to serve a meal.

There was a great deal of cholera and contagious fever. Fully as many of the soldiers died of disease as of wounds. The death-rate was *42 per cent.* of the cases treated, an appalling state of affairs.

Cause of the Difficulties.—Miss Nightingale had been officially assured that there were plenty of supplies on hand. She found that some of them had been sent to the wrong ports or were buried under munitions and could not be got. There were eight distinct departments concerned with military affairs, little co-operation, and an

[1] An official report showed that six shirts had been washed during the month.

[2] One of Miss Nightingale's first requisitions was for 200 scrubbing brushes.

amount of official red tape that made it nearly impossible to secure supplies which were in store.

Only part of the army officers and surgeons were friendly to the idea of introducing women nurses. The nursing had been done by untrained orderlies and soldier-servants whom the doctors considered as good as need be. They felt that the women were interfering and troublesome.

Miss Nightingale's Reforms.—"What was needed was bold initiative. This Miss Nightingale supplied. She boldly assumed responsibility, and did herself the things which she could find no one else to do. She applied an expert's touch and a woman's insight. She is popularly thought of as a gentle nurse. Those who knew all the facts spoke of her as a commanding genius."[1]

When she could not get official help quickly, she used her own funds. She fitted up a laundry and employed soldiers' wives to do the washing. She opened five diet kitchens in different parts of the building, so that the sickest patients might have proper nourishment. She reported the condition of the buildings to the authorities at home, and repairs were quickly made.[2]

She directed her nurses to work only with doctors who wished their services, and to do nothing for the patients of other surgeons. She knew that they must win their way by patience and good work. She insisted upon strict discipline among her nurses.

Her **nurses** were far from being well trained, and made her realize every day the need of proper instruction for them. She writes of some of them, "They are excellent,

[1] "Life of Florence Nightingale," by Sir Edward Cook.

[2] A committee had been appointed to investigate the buildings. Miss Nightingale had them repaired before the committee's report was even in.

gentle women, more fit for heaven than for a hospital. They flit about like angels without hands, and soothe souls while they leave bodies dirty and neglected."

She kept the less efficient nurses under her own eye, putting the better ones in places of responsibility elsewhere. She speaks in keenest appreciation of those whom she regarded capable: "Mrs. Roberts is worth her weight



Fig. 13.—Florence Nightingale's ambulance. (Courtesy of Lakeside Publishing Co.)

in gold, . . . she is one of the most important persons in our expedition. Mrs. Shaw Stewart, . . . without her our work would have come to grief. Mrs. Drake is a treasure. Rev. Mother Moore, . . . far above me in fitness for the General Superintendency."

Sir Edward Cook's "Life of Florence Nightingale," and the "History of Nursing," by Misses Nutting and Dock,



Fig. 14.—The Lady of the Lamp. Derby memorial to Florence Nightingale. Erected in the Grounds of the Royal Infirmary, Derby, England.

give excellent descriptions in detail of her work in the Crimea. Both books are fascinating reading.

The Good Results.—In two months Miss Nightingale

had transformed the hospital. In six months she had reduced the death-rate to *2 per cent.* and had won over most of the surgeons. Lord Raglan, the Commander-in-chief, gave her his cordial support and spoke of her as an auxiliary general.

The Soldier's Love for Her.—With all her fearlessness in the use of authority and all her attacks upon bad administration, she was still the womanly, gentle nurse. Two famous quotations describe this aspect of her work.

One of the soldiers wrote home: "What a comfort it was to see her pass! She would speak to one and nod and smile to many more. She could not do it to all, you know, for we lay there by hundreds, but we could kiss her shadow as it fell and lay our heads on the pillow again content. Before she came there was such cursing and swearing, but after that it was as holy as a church."

MacDonald, war correspondent of the London Times, said: "When all the medical officers have retired for the night and silence and darkness have settled down upon those miles of prostrate sick, she may be observed with a little lamp in her hand making her solitary rounds. As her slender form glides through the corridor, every poor fellow's face softens with gratitude at the sight of her."

The Lady of the Lamp.—Longfellow's poem, "Santa Filomena," made her famous as "The Lady of the Lamp." Her mother, to the end of her life, was fond of hearing this poem, and at its close always said, "It is all true."

Estimate of Her Character.—Sir Edward Cooke says: "The popular impression of Miss Nightingale is that of a girl of high degree who, moved by a wave of pity, forsook the pleasures of fashionable life for the horrors of the Crimean War; . . . who retired after it into private life, varying her seclusion only by good deeds to hospitals and by sentimental pieties.

SANTA FILOMENA

Whene'er a noble deed is wrought,
Whene'er is spoken a noble thought,
  Our hearts, in glad surprise,
  To higher levels rise.

Honor to those whose words and deeds
Thus help us in our daily needs,
  And by their overflow
  Raise us from what is low.

Thus thought I as by night I read
Of the great army of the dead,
  The trenches cold and damp,
  The starved and frozen camp.

The wounded from the battle plain,
In dreary hospitals of pain,
  The cheerless corridors,
  The cold and stony floors.

Lo, in that house of misery,
A lady with a lamp I see
  Pass through the glimmering gloom,
  And flit from room to room.

And slow, as in a dream of bliss,
The speechless sufferer turns to kiss
  Her shadow as it falls
  Upon the darkening walls.

On England's annals, through the long
Hereafter of her speech and song,
  That light its rays shall cast
  From portals of the past.

A lady with a lamp shall stand,
In the great history of the land,
  A noble type of good,
  Heroic womanhood.

"This legend is remote from the truth. The real Florence Nightingale was greater. Her life was built on larger lines, her work had more importance.

"Her earlier years show a girl of high natural ability feeling her way to an ideal. She had already served her apprenticeship when the call to the Crimea came. It was not a call to sacrifice, but to the fulfilment of her dearest wish for a life of active usefulness.

"A certain man who knew intimately some of the greatest intellects of the time said of Miss Nightingale that hers was the clearest brain he had ever known in man or woman.

"Her character was stronger, more spacious, and, I feel, more lovable than that of the Lady of the Lamp."

Her Illness.—In the summer of 1855 the work was lighter, and she was able to make a tour of inspection of the hospitals of Balaklava. She went over them carefully, planning changes and improvements. One evening she complained of being tired, and it was found that she had contracted Crimean fever.

She was desperately ill, and came very close to death. The soldiers wept when they heard of her illness, and all England waited the outcome in anxious suspense. In a few weeks she was better and, refusing to take more rest, went back to Scutari.

Close to the War.—Early in 1856 peace was concluded, and the nurses' work became lighter. The hospitals were closed one by one, and the nurses went back to England. Miss Nightingale left last of all, returning in July, 1856.

SUMMARY OF IMPORTANT POINTS

Florence Nightingale may be considered the founder of modern nursing. She was born in 1820, in Florence, Italy.

She was unusually well educated, well bred, well-to-do, had an excellent social position, and was attractive.

She was deeply religious and had a passion for helpfulness.

Her family opposed her idea of a life of work for others.

She had a choice of three careers—literature, marriage, and nursing. She chose the latter.

She studied hospitals and nursing in several countries.

She was finally permitted to take the deaconess training at Kaiserswerth, which was a great satisfaction to her.

She became superintendent of a private hospital in London in 1853, and was shortly afterward offered the position of superintendent of nurses at King's College Hospital. She was considering this when the call to the Crimea came.

The failure of the government medical service in the Crimean War became a call for a person of unusual ability and character to handle the situation. Sir Sidney Herbert, Secretary of War, chose Miss Nightingale almost at the same moment that she decided to offer herself for the work.

She went to the Crimea in October, 1854, with thirty-eight nurses, Catholic and Protestant.

She found thousands of sick and wounded soldiers suffering from lack of nursing and supplies, with dirt and chaos rampant.

With remarkable initiative and insight she succeeded, in a short time, in reducing the hospital work to order, getting supplies, establishing sanitation, and reducing the death-rate from 42 to 2 per cent.

The high authorities upheld her, but the lower officials made things hard for her.

The soldiers adored her. Her night rounds in the hospital gave origin to the poem "The Lady of the Lamp."

In 1855 she had Crimean fever and barely escaped with her life. She returned to England in July, 1856.

CHAPTER V

FLORENCE NIGHTINGALE'S LATER WORK

The Popular Heroine.—Despite her retiring disposition and her efforts to escape publicity, Miss Nightingale became a popular heroine. All sorts of honors were done her. While she was still in the East Queen Victoria had sent her a wonderful brooch set with diamonds[1]; the Sultan of Turkey had presented her with a diamond bracelet and a sum of money for the nurses and hospitals. Before her return to England public meetings were held in her honor, but she would not allow them afterward.

The Meaning of Her Work in the Crimea.—Her work in the East had been far more than the mere setting right of great hospitals and the organizing means to secure comfort for thousands of wounded soldiers; it had broken through the prejudices of ages, and had put all womankind on a higher plane of life and work. She not only opened up a new profession for women, but also gave the world a new conception of woman's place in the world. The effect was both immediate and far-reaching.

The Nightingale Fund.—While she was still at work in the Crimea a movement sprang up in England to honor her in some permanent manner. Sir Sidney Herbert, who knew her so well, suggested a fund which should be used to provide training for nurses, and for their living and protection. To him must be given the credit of devising means for founding the training of nurses with proper prestige and efficiency.

[1] She wore it there to please the soldiers, but never in England.

Many prominent persons contributed largely to the "Nightingale Fund," and it soon amounted to £40,000 ($200,000), one-tenth of it being given by the British Army.

Miss Nightingale deeply appreciated what was done, as it accorded with her dearest wishes. She accepted the task of administering the fund, but reminded the people of England that her work in the East was not done and that it might be a long time before she could begin this great work at home.

The Nightingale School of Nursing.—The long strain of work and responsibility had undermined her health so that she never again worked with any physical vigor.[1] Upon her return from the East she took no rest, but went at once to work upon what seemed to her the two most vital matters—army reform and the establishment of trained nursing.

St. Thomas' Hospital was selected as the place for the experiment of training nurses in a new and systematic way upon a non-religious basis.

As was nearly always the case in other pioneer efforts along this line, most of the doctors on the hospital staff opposed it. Of one hundred physicians whose opinion was asked, only four favored it. They felt that the nursing at St. Thomas' was very good as it was and saw no need of change. They themselves had given the nurses what little training they had received, and said, "Nurses are in much the same position as housemaids, and need little teaching beyond poultice-making and the enforcement of

[1] Had she taken a long rest at this time her future health might have been saved. "The history of her case points to dilatation of the heart and neurasthenia. The former yields to drugs and rest; the latter, an atonic condition of the nervous system, to complete rest."—Cook, "Life of Florence Nightingale."

cleanliness and attention to patients' wants." One doctor said publicly, "A nurse is a confidential servant; but still only a servant. She should be middle-aged when she begins nursing; and if somewhat tamed by marriage and the troubles of a family, so much the better."

Only a few took the opposite view and understood what the movement meant. One physician wrote, "A trained and educated nurse would soon become most popular and trusted. She would co-operate with the physician in a most efficient manner, her presence would inspire the patient with confidence, and she would be the means of restoring peace and order to a distracted household."

It had been hoped that Miss Nightingale would take personal charge of the school, but her health would not permit it. She was not even able to go to the opening exercises. Mrs. Wardroper, a woman of strong personality and previous executive experience, was chosen for the position, but for years Miss Nightingale acted as chief adviser on every detail of the work.

In June, 1860, fifteen selected probationers were admitted for training at St. Thomas'. They worked alongside the old-style nurses, whom they only gradually replaced. The course of training was only one year, though nurses were required to remain in the hospital for three years.[1] It was long before the time of training was increased.

The Nightingale nurses were never designed for private duty, but for executive positions in hospitals. They became the pioneer heads of training-schools over all the world. Scotland, Canada, United States, Australia, and even Germany obtained heads for many of their early training-schools from among the Nightingale nurses. Up

[1] For the first year they were called probationers; for the second, "nurse"; for the third and after, Sister (head nurse).

to 1890, during its first thirty years, the school trained 1005 nurses.

Miss Nightingale herself selected most of the candidates for training. She was especially keen at character reading, and almost unerring in her judgment of people. Those who saw the early Nightingale nurses were struck with "the bright, kindly, and pleasant spirit which seemed to pervade them." She always called the nurses her "daughters."[1]

With Miss Nightingale as instigator of all details and methods, the work proved a success. The doctors were one by one convinced of the superiority of the new method and gradually came to voice their approval. They found their own work lighter and their field broadened, because they were able to do things which they had not before attempted on account of incompetent help. The fame of the school spread quickly through all countries.

Work for the Army.—Miss Nightingale's chief work, aside from the establishment of the school for nursing, was for the health and betterment of the British Army. She had seen their sufferings in the Crimea, and she found that in time of peace the army death-rate was twice that of civilians. She often called the soldiers her

[1] Some of Miss Nightingale's comments upon candidates for admission indicate the keenness of her intuition:

"Miss A., flippant, tituppy, pretension-y, ambitious, clever, not much feeling, talky, underbred, no religion, may be persevering from wish to excel; takes the thing up as an adventure.

"Miss B. seems a woman of good feeling and bad sense, much under the control of anyone who will try to persuade her.

"Miss C., a most capable little woman, no education, but one can't find it in one's heart to regret it; she seems as good as can be.

"Miss D., more cleverness than judgment, more activity than order, more hard sense than feeling.

"Miss E., as poor a two-fisted thing as I ever saw."—Cook.

"children" and said, "No one can feel for the army as I do. Nine thousand of my children are lying, from causes which might have been prevented, in forgotten graves. But I can never forget." She was anxious that the lessons taught by the recent war should not be lost, but that permanent and radical reforms should be made. She had the ear of the government, and pushed her advantage.



Fig. 15.—St. Thomas' Hospital, London.

She took up the matter of army reforms in a large way, and after many months of painstaking work put before the Queen and her ministers a remarkable document—"Notes Affecting the Health, Efficiency, and Hospital Administration of the British Army." It has been called "one of the most valuable contributions ever made to hospital administration in the time of war."[1]

It is a significant fact that the methods which she

[1] Dr. Henry Hurd of Johns Hopkins Hospital.

recommended were those which were later adopted by the Japanese with such marked success. In their Russian and later campaigns they had the lowest death-rate and the highest standard of health that any army had ever attained.[1]

Miss Nightingale always considered this her most important work, calling what she did in the Crimea "mere child's play" in comparison.

Her Seclusion.—From about 1860 she rarely went out, and for many years did most of her work from her bed; but she worked with a vigor and efficiency that few well persons do. She lived in London with only her servants and her secretary, who was always a man. She saw many people, but only on business. She is known to have refused to see queens and princesses when they came for social calls, though she always admitted anyone who came in the interests of the army or of nursing.

Her Work for India.—After her work for the army was well under way she took up the enormous subject of sanitation in India, and for forty years devoted much time to it. The work was planned and carried out through a Royal Commission, but her connection with it never ap-

[1] "The soldier, when leaving home, was made to understand that should he become disabled by any preventable disease he would be looked upon by physicians and by the public as a discredit to himself, his family, and his country. He went to war to obey orders.

"He was given a package of antiseptic dressings, told to guard it carefully, and instructed how to use it when wounded.

"He was told to take a bath and to put on clean underclothing before going into battle.

"He was told to keep a supply of boiled water or tea in his canteen, and to drink no water when on the march except from wells or springs previously labeled as safe by the sanitary officer."—"Medicine in Japan," by Dr. John Berry.

peared, though it was she who made the plans and saw that they were carried out.

She worked out a health program for all the millions of India's population, and much of it has been put into force, with far-reaching results. Probably no woman, and few men, have, in the world's history, planned such a masterly undertaking.

Her Political Influence.—She was personally acquainted not only with the Queen and most of the cabinet, but knew every Prime Minister of her time, the royalty of other nations, and such men as John Stuart Mill, Benjamin Jowett, Gladstone, Spurgeon, etc. These men came to her for advice and deferred to her judgment; and she never failed to measure up to their confidence in her.[1]

Her Work for Hospitals and Nursing.—Besides her controlling interest in the Nightingale School, she gradually came to be adviser-in-general to the whole United Kingdom upon everything pertaining to hospitals and nursing.

She was called upon to criticise plans for new hospitals, to advise in every detail of construction, equipment, management, and question of policy. She helped in the starting of many schools of nursing, and wrote thousands (literally) of letters upon nursing subjects.

Every new phase of nursing was brought to her for criticism and approval. William Rathbone consulted her before he began the workhouse and district nursing in Liverpool (see Chapter VI); those who organized some of the early training-schools in America came to see her be-

[1] She was an advocate of equal suffrage. She said: "I am convinced that political power is the greatest that it is possible to wield for human happiness, and I can neither approve of women who decline the responsibility of it, nor of men who would shut them out from it. Until women do wield it, in an open, direct manner, I am convinced that the evils can never be satisfactorily dealt with."

fore starting them; when the matter of state registration for nurses came up in England she was the leader of the opposition and the chief cause of its defeat (see Chapter XV). In short, throughout her whole long life, there was hardly a move made of any importance to the nursing world in which she did not have a part.

Her Writings on Hospitals and Nursing.—Her "Notes on Hospitals," published in 1858, is considered the most valuable work of the sort that has ever been produced, and it revolutionized hospital construction. Before her time hospitals had beautiful and imposing buildings, but they were sadly lacking in all things pertaining to the intimate care of patients. Her practical mind and deep sympathy made her hammer away at details, necessary if uninteresting, until she convinced at least a part of her generation that the comfort and welfare of the patient is really the chief consideration, and that sanitation is more important to a hospital than architecture.

Her "Notes on Nursing," published in 1859, always has had an enormous sale, and is still, after fifty years, a standard work—"an immortal classic." It was one of the first text-books on nursing, and is one of the best books ever written on domestic sanitation. Every nurse should become familiar with it. A few quotations from it will serve to illustrate its sound sense:

"The sufferings generally considered to be inevitable and incident to the disease are very often not the symptoms of disease at all, but of the want of fresh air, of light, or of warmth, or of cleanliness, or of quiet, or of punctuality and care in the administration of diet.

"Volumes are written upon the effect of the mind upon the body. . . . I wish that a little more was thought of the effect of the body upon the mind. Believe me, almost any sick person who behaves decently well ex-

ercises more self-control every moment of his day than you will ever know till you are sick yourself.

"Merely looking at the sick is not observing. To look is not always to see. It needs a high degree of training to look so that looking shall tell the nurse aright. . . . A conscientious nurse is not necessarily an observing nurse, and life or death may lie with the good observer.

"The matron should be one whose desire is that the probationers shall learn—a rarer thing than is usually supposed. . . . The nurses must really be the matron's children. A training-school without a mother is worse than children without parents. . . . In disciplinary matters none but a woman can understand a woman."

Her published writings number over one hundred, nearly all on hospital, nursing, or sanitary topics.

Her Statement of the Principles of Training.—While Miss Nightingale was but human, it seems likely that she was nearly infallible in matters pertaining to the training of nurses. Her rare union of head and heart qualities, her ability to keep sight of minutest details without losing her grasp of the fundamentals, and her wide knowledge and long experience fitted her to speak with almost supreme authority. We shall be wise if we remember some of her warnings.

She characterizes the *essentials* of a nurses' training-school as two:

First, That nurses should be technically trained in hospitals organized *for the purpose.*

Second, That they should live in homes fit to form their moral lives and discipline.

A careful consideration of these two simply stated principles may help some of the training-schools of today to put their finger upon the source of their troubles.

In the paper which she contributed to the Nursing

Section of the Congress on Hospitals, Dispensaries, and Nursing, held at the World's Fair, Chicago, in 1893, she made two very striking statements:

"Nursing should not be a profession. It should be a *calling*.

"The art is that of nursing the sick. Please mark, not nursing sickness. . . . This is the reason why nursing proper can only be taught by the patient's bedside and in the sick room or ward. Lectures and books are but valuable accessories."

It is said of her: "Her chief contribution to the inheritance of the race has been that, besides demonstrating in action the full perfection of the allied arts of nursing and sanitation, she has left in her writings a philosophy of nursing, together with an intellectual demonstration of the scientific and natural basis of hygiene and its practical application, and has laid down once and for all their essential underlying principles with a clarity, a logic, an originality, and a depth of reflection that mark the genius and place her work among the classics."[1]

Her Later Years.—Sir Edward Cook, who had access to intimate family records which no one else had, says of the latter part of her life: "For a few years after she was seventy-five she was able to enjoy life; then her powers gradually failed. . . . She had outgrown the weakness of heart and nerves of her middle life, and though she still kept her room, she now [1900] made an impression of vigorous and robust old age. She had worked actively up to this time. . . . For the last fifteen years of her life she seldom left her room. Her eyesight failed, her power of writing went. In 1902 she was persuaded to have a companion, who was really her private secretary.

"Two Royal decorations for her services in the army

[1] "History of Nursing," by Nutting and Dock.

and elsewhere were bestowed upon her in 1883. The crowning honors of her life, when in 1907 King Edward conferred upon her the Order of Merit, and in 1908 granted her the Freedom of the City of London, came to her when memory and apprehension were failing."



Fig. 16.—Florence Nightingale late in life. (From a photograph by Miss Bosanquet, 1906.)

Death and Burial.—She died in August, 1910, aged ninety years and three months. Her family was asked to allow her to be buried in Westminster Abbey, but they knew her wishes and refused. She was laid in the family plot in Hampshire, and the only mark upon the grave is a small cross with her name and the dates.

Public monuments to her have been set up in Florence, Italy, in Derby, and Milbank. In 1915 there was one unveiled in London.

The Fundamentals of Her Character.—Let us think of Florence Nightingale, then, not merely as a self-sacrificing heroine, but as a woman possessed of the twofold gift of a mind masterly and virile enough to formulate and carry out the world's great enterprises, and of a mother-heart which took into its tenderness the whole British Army and the whole sisterhood of nurses, besides every human being who was sick and suffering.

Her sympathies were broad and deep, her feelings intense, and they always immediately translated themselves into action. She could not conceive of one feeling sorry for a person or a condition and doing nothing about it. For a whole lifetime she sacrificed her personal happiness and devoted herself to the slow, difficult, and painful processes of the reformer in the realest, truest, and best sense of that term.

SUMMARY OF IMPORTANT POINTS

Upon Miss Nightingale's return from the Crimea she found herself a popular heroine.

The Nightingale Fund was established to provide for the training of nurses.

St. Thomas' Hospital, London, was selected as the home of the Nightingale School, which was established in 1860.

Mrs. Wardroper was head of the school, but Miss Nightingale was really in control and remained so for most of her life, though her health did not permit her to do active work.

Her work for the betterment of health conditions in the

British Army was one of her most important pieces of work, and occupied several years.

Her work in the planning of proper sanitation for India, which was done through a period of forty years, was probably her greatest work, but is least known.

She wielded a marked political influence.

She became adviser-in-general on all hospital and nursing topics for the whole United Kingdom and for other countries.

She wrote much. Her "Notes on Hospitals" is regarded a classic. Her "Notes on Nursing" is, after fifty years, a standard work.

The principles which she laid down for the training of nurses are still considered correct. They have never been improved upon.

She opposed state registration for nurses.

She worked actively up to about 1900, and after that failed in mind and body. She died in 1910 at the age of ninety.

Her greatness was due to her remarkable combination of qualities. She had intense and loving sympathy with suffering, but her emotion was always displayed in action of the most vigorous sort, planned by a mind with a master grasp.

CHAPTER VI

THE ESTABLISHMENT OF TRAINED NURSING IN GREAT BRITAIN

One must not set the work of Florence Nightingale as a hard-and-fast line between the old nursing and the new, nor between untrained and trained nurses. We have seen that since early times there were a few persons, keener in their insight than the rest, who had realized the place of nursing in society and had known that women must be trained if it was to be done rightly. Florence Nightingale was the greatest of these men and women of vision. She was doubtless the one who saw most clearly and constructively, who had the ability and the opportunity to put her thinking into immediate practice, and to watch its outcome.

There have been many different sorts of attempts at training nurses and improving in one way or another the quality of their work. They are all a part of the persistent effort of woman to take her place in the work of the world, a part of the great upward struggle of humanity.

Progress of the training idea naturally made more rapid progress with some nations than with others. England and her colonies led the way, while America followed very closely. Germany began sooner, but has gone more slowly and in her own way. The rest of the world has copied the methods of the schools in these countries, fitting their plans to individual circumstances.

England's Advance.—The progress of nursing in England is typical of that in most other countries. It has

taken place on a larger scale than elsewhere, and the results achieved have affected the history of nursing as have events in no other country, unless it be the United States.

At the time of the Crimean War, doubtless, better nursing was being done on the Continent than in England, because the religious zeal of the Roman Catholic sisters and of the Deaconesses furnished so great an incentive. The Deaconess movement set the pace and laid down many of the principles upon which the English training-schools were built.

ENGLISH NURSING CHRONOLOGY

From 1840 to 1852 there were a number of beginnings of training for nurses in England. Some of the associations then formed still exist. The Nursing Sisterhood of All Saints is a notable example, as well as St. John's House, to which reference has already been made. A chronologic account of the development of trained nursing in England will serve to show how many persons had the same germ idea and in how many ways and places it was being developed.[1]

1851

All Saints' Sisterhood was founded in London. It undertook the nursing of St. Elizabeth's Home for Incurable Women and Children.

1852

Dr. West began training nurses at the Children's Hospital in Great Ormond Street, London.

Queen Charlotte's Hospital gave training in obstetrics.

[1] Much of the material used here was taken from "A Chronology of Nursing," in Sir Henry Burdette's "Hospitals and Asylums." A few quotations are also made from Nutting and Dock's "History of Nursing."

1854

Florence Nightingale went to the Crimea.

Dr. Neale organized the nursing Sisterhood of St. Margaret's, an order resembling the Deaconesses.

Dr. Browne, of Crichton, began to teach attendants in insane hospitals.

1855

Mrs. Wardroper, an untrained woman, aged forty-two, with no knowledge of hospitals, was put in charge of the nursing at St. Thomas', one of the older, good hospitals of London. By her efficiency and fine spirit she made the nursing so good that the hospital was later chosen as the best ground for the great Nightingale Training-school.

1856

Florence Nightingale returned to England.

1857

St. John's House undertook the nursing at King's College Hospital, and gave superior service.[1]

1858

Mrs. Coster was appointed superintendent of nurses at St. Pancras' Infirmary. She worked under the medical officers for six months, then began to teach her nurses according to her own ideas.

[1] In 1874 the Sisterhood clashed with the management about the control of the nurses, but the Sisters remained until 1885, when the hospital began its own training-school.

1859

William Rathbone, of Liverpool, a private citizen who was alive to the needs of his time, put a nurse at district work among the poor. This nurse's success was so marked that he decided to employ others, but could not find capable ones. He consulted Miss Nightingale, who suggested that the training of nurses be started at the Royal Infirmary of Liverpool. Mr. Rathbone was on its Board, and succeeded in convincing the authorities of the need of training for district work. In 1861 Miss Merryweather, from St. Thomas,' was put in charge of the work, and from it finally grew a great district nursing association, thoroughly organized, with both nurses and lay workers. All her life Miss Nightingale kept in close touch with this work. It may be considered the beginning of modern organized district nursing.

Miss Nightingale published her "Notes on Nursing."

1862

Miss Nightingale founded a training-school for midwives at King's College Hospital, with a six months' course. It was discontinued after a few years on account of an obstinate epidemic of puerperal fever.

1865

William Rathbone extended his interest in nursing and became the founder of the reform in nursing at the Workhouse Infirmary of Liverpool. Through Miss Nightingale he secured as head of the reform Miss Agnes Jones, a high-bred, cultured woman, fired with religious zeal, who had been trained first at Kaiserswerth and afterward at St. Thomas.' With twelve other Nightingale nurses, eighteen probationers, and fifty-four old pauper nurses she began

the regeneration of the care of 1200 sick. The task was accomplished, but Miss Jones was sacrificed, for she died of typhus after three years of overwork. From this success grew the whole work of nursing in almshouses.

Training-schools were started at Leicester, Manchester, and Derby.

A royal warrant provided for the employment of female nurses in any military general hospital.

1866

In Dublin, Ireland, there was founded the Institution for Training Nurses through the efforts of Archbishop Trench and his wife. Most of the hospitals in Ireland at this time were nursed by the Sisters of Mercy.

Glasgow Royal Infirmary started a training-school.

1868

The East London Society was organized for doing district nursing among the poor. It was patterned after William Rathbone's work in Liverpool.

Miss Nightingale selected five of her nurses, with Lucy Osburn at their head, to go to Australia and establish trained nursing. Miss Osburn became Lady Superintendent of the Sydney Hospital, while the rest did pioneer work in other places. They were later reinforced by five more from the Nightingale School.

Middlesex Hospital started a training-school.

1869

The Mildmay Deaconess Association formed a nursing branch.

The city of Birmingham appointed a district nurse.

1870

Guy's Hospital, London, reformed its nursing, but gave little training.

The Edinburgh Royal Infirmary (founded 1736) started a training-school under the Nightingale system. The course was one year. (In 1894 it was made three years.)

Miss Florence Lees (afterward Mrs. Dacre-Craven) was chosen by Miss Nightingale to go to Metz for work in the Franco-Prussian War. Miss Lees was one of the first pupils of the Nightingale school; she had done post-graduate work at Dresden, Berlin, and Kaiserswerth, and had seen much of hospital life in France, Holland, Denmark, etc. She was in charge of a military hospital at Metz, and later of one at Homburg.

1871–73

Nursing institutions multiplied rapidly.

1874

A year of great activity among training-schools.

The district nursing which was being done in London was poor, and William Rathbone, of Liverpool, wished to help put it on a proper basis. He organized the National and Metropolitan Nursing Association, and Miss Nightingale induced Miss Florence Lees to become General Superintendent of the work. Miss Lees insisted upon educated and refined women for the work, and though even Miss Nightingale doubted the feasibility of the plan, carried it through to success. Miss Lees remained in her position for some years, having Miss Nightingale for her constant adviser.

1875

The Western Infirmary of Glasgow started a training-school with a three-year course.

1876

The Guild of St. Barnabas for Nurses was organized chiefly through the efforts of Miss Antrobus. It is a religious guild, under the patronage of the Church of England. It has lay members who endeavor to be useful to the nurses in a social way.



Fig. 17.—Medal of St. Barnabas' Guild for Nurses.

Most of the better hospitals agreed to accept no more probationers who could not read and write (!).

1877

St. Bartholomew's Hospital, London, started a so-called training-school, where for two years the nurses worked under the former matron (who disapproved of the innovation) and under the old-time head nurses, some of whom could not read or write.[1] Miss Machin was ap-

[1] One of the first class of probationers wrote a very racy account of the work: "Patients were not nursed; they were 'attended to.' Few of the Sisters could or would teach us. The outpatient doctor gave us a practical lesson once a week in bandaging, etc. Another

pointed matron two years later and greatly improved the service.

1879

The Workhouse Infirmary Nursing Association was formed chiefly through the efforts of Miss Louisa Twining, who had visited in workhouses for twenty years, and Miss Francis Power Cobbe, a well-known writer. The pauper sick were badly neglected and conditions were extremely bad. Doctors and others had made investigations, and in 1872 a woman inspector had been appointed for the workhouses, but little had been accomplished.[1] This association began a real reform.

Many nurses went to the war in South Africa to care for the wounded.

1880

Guy's Hospital, London, suddenly removed its old-fashioned nurses and began training according to the newer methods. The staff doctors objected strongly, and great publicity was given to the matter. The trouble

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doctor took us into the wards and taught us bed-making, poultice-making, bathing, etc. We picked up what we could and the resident staff and students taught us a great deal. The nurses never used a thermometer, and when we probationers were taught to do it, there was a great fuss."

The doctors usually took the temperatures, gave hypodermics, changed the beds of fracture cases, etc. In most hospitals of this period night nurses were still of an inferior class and totally untrained; for this reason the day nurses had very long hours.

The hours of duty were from 7 A. M. to 10 P. M., with very little time off. The German system was used, of putting each nurse on night duty every third night, giving her thirty hours of continuous service.

[1] The Poor Law regulation stated that "any able-bodied woman or girl may be employed in the female sick wards, and any infirm woman whom the master may deem fit for the duties of a nurse."

was finally adjusted, and under the skilled leadership of Miss Burt the school became excellent.

1881

Army Nursing Service organized.

Marylebone Workhouse Infirmary and Westminster Hospital opened training-schools.

Dr. Clark, of the Glasgow District Asylum, began to train nurses in insane work.

Miss Manson (afterward Mrs. Bedford-Fenwick) took charge of the nursing at St. Bartholomew's, gradually weeded out all of the old-time untrained nurses, and established the training-school on a firm basis.

1882

The London Hospital first gave certificates to nurses who had finished their course.

A number of English nurses served in the war in Egypt.

1883

Queen Victoria established the Order of the Royal Red Cross, and gave decorations to thirty women for their services in war, among them Miss Nightingale and English and French Sisters.

Miss Hamilton and two other nurses began permanent work in Alexandria, Egypt.

Miss Monk reorganized the training-school at King's College Hospital, and under her the school became of unusual excellence. (She remained in charge until her death in 1915.)

A nursing home was opened in Rome, Italy, with two English and three American nurses. This was one of the beginnings of modern nursing in that country, though little progress was made until about 1900.

1884

Miss Alice Fisher, a Nightingale nurse, went to Philadelphia to organize a training-school at Blockley Hospital. She did a remarkable work there, but died after a few years' service.

Miss Annie Crisp went out to New Zealand to establish trained nursing, but it was five years later that the first school was opened.

1885

English nurses again served in the war in Egypt.

Aberdeen (Scotland) Royal Infirmary started a training-school with a three years' course.

The Lady Dufferin Fund for Supplying Medical Aid to the Women of India was founded. The British Government, under the direction of Miss Nightingale, had paved the way for this movement. When Lady Dufferin went out to India as wife of the Governor-General, Queen Victoria called her attention to the medical needs of the women there and suggested that she see what could be done about it. The result was a large, permanent fund, contributed to and endorsed by royalty and others of prominence. (See Chapter XVII.) In its years of work this fund has done an amount of good which cannot be measured. Hundreds of women doctors and trained nurses have gone out in its service and all India is dotted with its hospitals, dispensaries, and medical colleges. In most of its hospitals there are training-schools for native nurses.

1886

The first training-school in India for native nurses was opened in the Cama Hospital, at Bombay, by Miss Edith Atkinson, of England.

1887

The Women's Jubilee offering, which celebrated the fiftieth year of the reign of Queen Victoria, devoted, by act of the Queen, £70,000 ($350,000) to district nursing among the poor. The organization which administers the fund was called the Queen's Jubilee Institute. The Metropolitan and National Nursing Association and the associations already organized in Scotland and elsewhere have affiliated with it. It gathers up into one organization all existing forms of district nursing.

The Institute does much midwifery work, and most of its nurses hold midwives' certificates. It also employs "cottage nurses," women who have been given a short course of training, chiefly in obstetrics. Some of the Queen's nurses give lectures on nursing topics to the laity under the Red Cross Society.

The National Pension Fund for Nurses was established. Sir Henry Burdette was the founder; the Princess of Wales president. The scheme provides sick, disability, and old age insurance for graduate nurses.

Lady Roberts established a fund and began sending nurses out under it to work in the villages of India.

1888

The Indian Army Nursing Service was organized by Lord Roberts.

The Egyptian scheme of Sir Sidney Waterloo involved the training of nurses. Miss Munro, of St. Thomas', and Miss Hughes, of St. Bart's, went out under it.

St. John's House took over the nursing of Charing Cross Hospital and of the Metropolitan Hospital.

1889

The Matron's Aid Society, which had begun in 1884 to train midwives, incorporated as the Midwives' Institute.

1890

The Rural Nursing Association was organized by Mrs. Malleson.

The National Pension Fund became Royal.

A Scottish branch of the Queen's Jubilee Nurses was established under Miss Peter.

Miss Marshall began work in Fiji.

Sister Rose Gertrude went to Molokai, Hawaii, to care for the lepers.

A Welsh branch of the Queen's Jubilee nurses was organized.

1892

School nursing was established, the London School Board applying to the Metropolitan Nursing Association for the first nurse. Miss Amy Hughes was chosen, and did signally effective service.

The movement spread rapidly.

1893

Mrs. Rebecca Strong, of Glasgow Royal Infirmary, first saw the need of a preliminary course for probationers and started to give one. She gave her pupils a three months' course at a local college, and left them free from theoretic work for the remainder of their two years.

From this time on the training-school movement grew and flourished, and all sorts of nursing enterprises were successfully undertaken. The trained nurse was an established fact, and her many activities were accepted as necessary parts of the life of the United Kingdom.



Fig. 18.—Miss Amy Hughes.



Fig. 19.—Mrs. Rebecca Strong. (Courtsey of "The Trained Nurse and Hospital Review.")

1902

Royal Naval Nursing Service organized.

Queen Alexandra's Imperial Military Nursing Service founded by royal warrant, to replace the Army Nursing Service. It is a part of the British military system.

Peculiarities in English Training.—Some of the points peculiar to early English training were:

The "lady probationer" system, which admitted to work in the wards women of the upper classes who lived at home and who did not wish to take a full course.

The theory that there must be a lower class of nurses both in hospitals and on private duty.

The custom, common to both Germany and England, whereby the nurse retains a vital connection with her school after she has finished her course. In the first English training-schools the course was usually one year, though the nurse was bound by an agreement to remain for three years, and often stayed much longer.[1]

After graduation she almost invariably lived at the home which belonged to her school, and got her calls from the hospital. Nurses could not imagine, and did not want, the independent life of the American nurse. They felt it more satisfactory to have the guarantee of work and of care which their own training-school gave, though it involved the acceptance of less money for their work, than to be in the lonesome and precarious position of being dependent wholly upon themselves.

Under old-world conditions of living there was much to be said in favor of this older viewpoint.

The Old vs. the New.—There is today, in England, a constant conflict between the older ways (in which

[1] Today, when the graduate of the London Hospital is in from private duty, she works in the wards, so as to keep up with the newer methods.

Germany shares) and the newer ways of America. The conservatives believe that the nurse should remain permanently connected with—which usually means controlled by—her hospital, and be subservient to its authority, even when its head is a man without knowledge of nursing. The radicals share the American view of personal independence; some of them have formed co-operative clubs, admitting nurses from many schools, similar to those in the United States.

Conditions of life are changing in Europe, though more slowly than in newer lands, and it appears likely that nursing customs and policies must be modified to meet them.

SUMMARY OF IMPORTANT POINTS

England's progress in trained nursing is typical of that of other countries. Many of the fundamental problems and some of the great nursing movements were first worked out there.

1842–1852. There were a number of attempts made to train nurses.

1854–56. Miss Nightingale in the Crimea.

1859. William Rathbone established district nursing in Liverpool.

1860. The Nightingale School for Nurses was established at St. Thomas' Hospital, London. The course was one year. Mrs. Wardroper was in charge. Miss Nightingale was chief adviser.

1865. Under William Rathbone, Miss Agnes Jones began the nursing reform in the Liverpool Workhouse. She did a remarkable work.

1866–70. Ireland and Scotland organized training-schools.

1871–75. Many training-schools organized throughout Great Britain.

1880. The upheaval at Guy's Hospital. English nurses went to almost every quarter of the globe to organize schools.

1881. Army Nursing Service organized.

1885. The Lady Dufferin Fund for Supplying Medical Aid to the Women of India was founded. Under this fund an enormous amount of nursing and of training nurses has been done in India.

1887. The Queen's Jubilee Institute, for district nursing, was founded with a Royal fund of $350,000. The National Pension Fund for Nurses was established.

1890. The Scottish branch of the Queen's Jubilee Nurses was established. The Rural Nursing Association was organized.

1892. School nursing was established under Miss Amy Hughes.

1893. The first preliminary course was given at Glasgow, under Mrs. Rebecca Strong.

1902. Queen Alexandra's Imperial Military Nursing Service and the Royal Naval Nursing Service were founded by royal warrant.

England presents at the present time a conflict between the old method of the nurse's remaining permanently in the control of her school and in its protection, and the new method of complete independence.

CHAPTER VII

EARLY NURSING IN AMERICA

Nursing Among the Pilgrims.—Before setting out for America the Pilgrim Fathers, while in Holland, had a deaconess nurse for their sick. There is some reason to believe that she came with them to Plymouth in 1620. The early Colonial records speak of certain persons, both men and women, who were chosen on account of their skill and fitness to care for the sick.

The First Hospitals.—The earliest hospital on record was established by the West India Company in 1658 in the town of New Amsterdam (now New York City). It was designed for sick soldiers and for the negroes of the Company, and was very small. This later combined with the city poorhouse, which also cared for the sick, and the two are considered the ancestors of the modern Bellevue Hospital, which thus claims to be the oldest hospital in America.

One authority states that the first hospital in the United States was the Charity, of New Orleans, La., which was founded about 1720 by Jean Louis, a sailor, and put in charge of the Sisters of Charity, in whose hands it has always remained. It was destroyed in 1779 and rebuilt in 1780 by a Spanish noble. It became the city hospital in 1811.

Blockley, of Philadelphia, which began as an almshouse in 1730, designates itself "the oldest hospital in continuous service." The Pennsylvania Hospital, chartered in 1751, and devoted solely to the care of the sick, thinks

itself "the first hospital" in the strict sense of the word. Another authority states, "the oldest hospital in New York City is the New York Hospital, founded in 1770."

Of these, the Pennsylvania was doubtless the best. Bellevue and Blockley, probably on account of their connection with almshouses and with politics, were until our own generation very dreadful places.

Bellevue in 1736 had only a small ward for the sick. It was situated where New York's City Hall now stands.



Fig. 20.—Bellevue Hospital in 1848. (Courtesy of The Modern Hospital Publishing Co.)

In 1794 the present site—then out in the country—was secured and the name of Bellevue first given.[1] It was for some time used only as a "pest house." In 1816 the city poorhouse and the penitentiary were transferred to that location, and insane persons were also housed there. The sick were cared for by prisoners or paupers, political graft

[1] From the name of the estate purchased for the purpose.

flourished, epidemics were frequent and terrible, and for many years it was "nothing but horrors."

In 1837 an investigation was made, conditions were found to be unspeakable, and the pest house, prison, and later the insane wards were removed to Blackwell's Island. The poorhouse continued until 1848 under the same roof with the hospital, no better attention was given the sick, the dirt and neglect were shocking, and the death-rate was 25 per cent. Upon the creation of a medical board in 1847 matters improved slightly, but the service of the sick remained most deplorable.

Blockley, of Philadelphia, was also a combination of poorhouse, insane quarters, and hospital. (During the Revolution the inmates were turned out by the British troops.) All the work of the place, including nursing, was supposed to be done by the inmates; the insane were cared for entirely by men, a male "keeper" sleeping in the women's wards, bathing, dressing them, etc., while the rabble of the town were allowed to come to look at them at almost any time.

An investigation made in 1793 brought to light these terrible conditions, but they were not improved. In 1832 the matter came up again, and Bishop Kendrick of Emmetsburg was persuaded to send a group of Sisters of Charity to reform the place. Their work so effectively transformed the hospital that they were besought to remain, but the bishop did not feel that it was their work. After they left the place fell back again into its old condition. "Old Blockley" and "Old Bellevue" have become synonyms for all that is bad in the nursing of the sick.

Hospital Nursing in Early Days.—"A Century of Nursing"[1] gives some account of the hospitals in early days. It tells us that in most of the city hospitals the nursing

[1] Published in 1876, author unknown.

was done by inmates. Most of these were over fifty years old, many seventy and eighty. The doctors sent feeble old people to be nurses in the wards because they could get better food there.[1] For paid nurses wages were so low that only people who could get no other work undertook it. Women nurses received $2.50 a month; men, $3.[2] Naturally, they exacted fees from the patients whenever they could. There was practically no night nursing, the exception being a woman in childbirth or a dying person, when a "night watcher" would be provided.

Dr. Meigs, in "The Old Nursing and the New," offers an explanation of these conditions: "Formerly little was known by the world in general of what took place in a hospital. The patients were largely cut off from communication with the outside [either because of restricted visiting days or because they were friendless], officers and employees of hospitals were jealous of intrusion. Visiting was not encouraged and visitors were few. Managers made tours of inspection, but saw little of the real internal workings. Visiting physicians and surgeons knew little of what the resident staff did. There was no real inspection of the work of the nurses, and if a physician had cause for complaint, the superintendent was too busy with other matters, was not used to disciplining nurses, and so did nothing."

Prejudice against hospitals arose here, as it had done

[1] "There was a ward of ten old women, all helpless and bedridden; to nurse them, a decrepit old woman, withered and feeble, and for her assistant a girl with one blind eye and the other badly defective. Another ward had eight paralyzed old women, the nurse being equally old and her assistant a girl who had lost the use of one hand."—Mrs. Jameson.

[2] As a relic of the old times, New York City, up to 1908, employed persons in its hospitals who received but $5 a month.

in Europe, because of the neglect and ill-treatment of patients and because the death-rate from infections was so high. A writer as late as 1877 said, in speaking of maternity hospitals, "Experience has taught us that any kind of a home is a safer place for a woman to be delivered in than any hospital; but there are cases with no homes who must be provided for."[1] The change in the attitude of the public toward hospitals indicates how radical has been the change in hospital conditions.

Hospitals in the Revolutionary War.—At the beginning of the war the matter of the care of sick and wounded soldiers was taken up, and fairly good hospitals were eventually established in many places. After the battle of Bunker Hill several private houses in Cambridge were made into a hospital and Dr. John Warren placed in charge; other hospitals were established near Boston. The nurses were mostly men.

THE RELIGIOUS NURSING ORDERS

Almost the only good hospital nursing was done by religious orders. Their members received a species of training, had at least a fair education, and were earnest in purpose. For these reasons their nursing surpassed any other in quality.

Sisters of Charity.—The American branch of this order was founded at Emmetsburg, Md., in 1809, by Mrs. Eliza Bayley Seton. Nursing was only one branch of its work, but it became an important one. Their work in Blockley has been mentioned. In 1832, during a great cholera epidemic, they nursed under the city authorities in New York, Philadelphia, and Baltimore. They have always had many hospitals and asylums of their own.

[1] Dr. T. W. Wise, in the "Review of the History of Medicine."

In 1849 they became affiliated with the order of St. Vincent de Paul.[1]

Other Roman Catholic nursing orders very early sent their members to America for missionary work. The Sisters of Mercy, the Sisters of the Holy Cross, and others started small communities and established hospitals. Some of them also did private nursing.

The **Protestant Sisters of Charity**, established in New York in 1845, had in 1854 an infirmary and a dispensary which were the beginning of the present St. Luke's Hospital. This order prepared nurses for work in the Civil War by taking them for a few months' work. Mrs. Adeline Tylor, a member of this sisterhood who had been at Kaiserswerth, conducted two large hospitals during the Civil War.

St. John's Sisterhood and the Sisterhood of All Saints, both Protestant, worked in Baltimore. It was from the latter that Sister Helen, the first superintendent of nurses at Bellevue, came.

St. Margaret's Sisterhood, an English order, began work in Boston in 1869 in the Children's Hospital.

The **Deaconess Order** began its work in America in 1850, when Pastor Fliedner came from Kaiserswerth with his band of deaconesses and opened Pastor Passavant's hospital at Pittsburgh. From that time on many deaconess hospitals were established in a number of cities, and many different churches have trained deaconesses in the work of nursing.

INSANE ASYLUMS

Insanity was so nearly classed with crime that scarcely anyone realized that it needed human treatment. It

[1] Carney Hospital of Boston, under the Sisters of St. Vincent de Paul, is said to be the oldest Roman Catholic Hospital in the United States.

was far from being considered a disease, and was popularly thought of as incurable. The very terms "lunatic asylum" and "keeper," used until rather recently, were suggestive of the general attitude toward mental troubles. Up to 1820 insane persons were exhibited for payment for the diversion of the public. Iron manacles had been used in asylums up to 1886, and all sorts of brutal restraints have been common up to our own time. Women attendants for insane women were hardly heard of until about 1800. The McLean Asylum, of Massachusetts, established in 1817, was the first institution of the sort to treat its patients kindly.

Dorothea Lynde Dix, a New England woman, became interested in the work of William Rathbone, of Liverpool, whom she knew personally. She did much for the improvement of prisons and poorhouses in America, but her chief work was for the insane. For twenty years, beginning in 1841, she made investigations, gave publicity to her findings, and made appeals to nearly every state legislature. She not only succeeded in improving conditions to a marked extent, but she began to educate the public in the matter. Her work had a great and lasting value.

PRIVATE NURSING

The care given patients in their homes was very different from that accorded them in hospitals. Hospitals existed, as in England, only for the very poor, and no one went into a hospital who could possibly be cared for at home. Respectable people felt it a disgrace to send their relatives to a hospital, and thought it cruel. Hospital conditions being what they were, it is easy to understand the prevailing feeling.

The custom was for the most expert member of the family to care for the person who was ill; this was apt to

be the mother or a grandmother. Neighbors would volunteer for "night watching"; this unskilled night work assured the giving of medicine or nourishment at the proper time, but for any skilled care required the nurse was called. If the nurse member of the family gave out, some good neighbor was sure to volunteer. Worcester says:

"The first specialization in nursing was the choice of some in the community who were by common consent held to be specially fitted for such neighborly service. It was left to them to select and teach their successors.

"During the first two centuries in New England, outside the larger towns, there were almost no doctors. The art of medicine was practised chiefly by the housewives.

"Another step toward specialization was taken when working women were induced to 'go out nursing' for their living. Only poor widows and spinsters were thus commissioned. Such service was only occasional; between times they took in sewing, helped at housecleaning, etc. These women became the professed nurses. They were entirely different from the wretched hospital nurses who preceded the training-schools. They were trustworthy, hard-working, and sometimes teachable. Many of them were better nurses than the average trained nurse of today. . . . Much of the bedside watching was excellent nursing. These unscientific neighbor nurses were highly skilled in the art of comforting. Many of the old-fashioned doctors were themselves good nurses.

"The greatest pains were taken in every family to preserve and hand down every scrap of knowledge of the healing art. And so the scanty bits of information gleaned from the doctors were treasured and passed on as wise sayings for future times of need."[1]

These customs account for the common impatience

[1] Dr. Alfred Worcester, in "Nurses for Our Neighbors."

with the trained nurse who refuses to prescribe, and for the universal expectation that a nurse will know what is "good for" ordinary ailments. It also makes us suspect that our modern classification of the provinces of doctor and nurse may be artificial, to say the least.

Miss Linda Richards says of the nurses of the middle of the nineteenth century: "Those women, who by their



Fig. 21.—An old-time nurse. Miss Rosa McCormick of the Boston City Hospital (1864–1897).

kindness of heart and cheerful service were called the born nurses, were by no means untrained. Experience, which is an excellent teacher, together with the instruction of older women and of the family doctor, provided a practical and efficient training. A love for the work and a desire to alleviate suffering made most of them excellent nurses."

All agree that there were many good "monthly" (obstetric) nurses in those days.

There were a large number of men nurses, mostly those who had been house or body servants and who took up nursing as they grew older. After the Civil War there were a considerable number of men nurses who had served in hospitals at that time.[1]

SUMMARY OF IMPORTANT POINTS

The older hospitals of the United States were usually connected with poorhouses and were very dreadful places.

Bellevue, of New York, traces its history back to 1658, but in 1736 it had only one small ward for the sick.

The Charity Hospital of New Orleans, founded about 1720, is one of the oldest. Blockley, of Philadelphia, began as an almshouse in 1730 and took care of the sick and insane. Both it and Bellevue were as bad as the European hospitals of the Middle Ages.

The Pennsylvania Hospital, of Philadelphia, founded in 1751, claims to be the first hospital in the strict sense of the word.

Most of the hospital nursing was done by the lowest

[1] A Dr. Johnson, of Philadelphia, published in 1819 "The Nurses' Guide," which he says deals with "a subject never before attempted by any person." He gives some very naïve instructions, which he considered "ample directions" for all cases. The following is a sample: "Nurses should be careful to carry out orders on time, should keep the room warm and well ventilated, should sprinkle the floor with lavendar water, vinegar, or strew it with herbs, to prevent infection." He directs that a bed be always made so that it is higher at the head. He tells how to prepare a delivery bed in quite modern fashion, and advises getting maternity cases up on the third day to have their beds changed. In fracture cases he insists upon the physician being present when the bed is changed.

classes, paupers, prisoners, etc. There was practically no night nursing. The death-rate was high, the sanitary conditions shocking. These facts accounted for the deep-rooted popular prejudice against hospitals.

Insane asylums were brutally managed until Dorothea Dix began her work of publicity and reform. The McLean Asylum of Massachusetts appears to have been the only exception.

Roman Catholic sisterhoods had hospitals in the United States from about 1800, and did the best work there was. Protestant sisterhoods also did nursing.

Deaconess hospitals began in 1849 at Pittsburgh, with nurses from Kaiserswerth, and have always been good.

Private nursing was much better than hospital work and was done by a very different class.

Doctors were few, so intelligent mothers prescribed for as well as nursed their families.

Women and men who were adapted for nursing and had experience in it naturally became the nurses of the community. Such nursing was first done as neighborly help, later for pay.

These household nurses were trained, unsystematically, by tradition and experience.

Doctors did many things which are now considered nursing.

Most authorities agree that the older private nursing was of good quality.

CHAPTER VIII

THE RED CROSS SOCIETY. NURSING IN THE CIVIL WAR

The Red Cross Society is, in its original inception, an association of citizens who undertake to render effective help in time of war or calamity. In the beginning it applied only to war, but soon came to include all calamities which involved a considerable number of people and which could not readily be taken care of by local work.

There were for many centuries societies for helping the wounded in time of war, and many of them had done efficient work. The Red Cross idea was far bigger than anything that went before it, in that it placed the work on an international basis and suggested team-work between nations, a thing almost unthought of before that time.

Its Origin.—The plan originated in the mind of Henri Dunant, a Swiss, and it is the greatness of his conception to which the work owes its marvellous effectiveness.

In 1859 he was traveling in Italy and visited the battlefield of Solferino on the day after the great battle. He helped in caring for the wounded, and was horrified and stirred to the depth by the needless suffering that he saw. He wrote a vivid description of it, began lecturing on the subject, and tried to stimulate action along that line.

The Plan.—In 1863 Dunant appeared before the Swiss Society of Public Utility and set forth a plan that he had formulated. He proposed to organize in every country an association for war relief, each to be an independent

society, but with a strong international bond of affiliation, and with a guaranteed neutrality.

As a result of his agitation an international conference was held at Geneva in October, 1863. A provisional program was agreed upon by representatives of sixteen nations. The United States sent no official[1] delegate, as she was in the midst of the Civil War and harassed with her own problems. Neither she nor the Red Cross convention realized that the masterly work which her Sanitary Commission was doing was along similar lines.

The Geneva Convention.—In August, 1866 a more formal diplomatic congress was held and signed what is known as the *Geneva Convention*. This agreement makes no provision for the organization of Red Cross societies, but renders them possible. It stipulated that each nation which ratified the convention should have a national committee or society, civil in character and function, which should alone have the right to send a surgical corps to a war. Such organizations were at that time under way in twenty-eight countries.

The well-known emblem of the society was adopted at this congress.[2]

The convention was ratified at that time by fourteen nations. The number has now risen to forty-three, and its provisions have come to be a recognized part of international law. In 1867 the Convention was revised. Additions were made to it in 1899 and in 1905.

Red Cross associations in different countries are not intimately connected, but the society at Geneva is recog-

[1] One authority (Boardman) states that Mr. Geo. C. Fogg and Mr. C. S. P. Bowles represented the United States informally.

[2] During the Serbian War of 1876 the Turkish Government notified the powers that it would use the red crescent instead of the red cross as the insignia of its relief societies.

nized as the central committee, a clearing house of information concerning methods, equipment, etc.

Growth of the Idea.—In some countries similar societies were found to be already in existence; these were affiliated or absorbed, keeping the original idea of co-operation. Women have, from the first, been prominent in the work of the society.

Methods of Work.—The society plans that in time of peace it shall prepare for war or disaster. It trains nurses for service, and lays in stores of all sorts ready to be sent out at an hour's notice.

Its wonderful organization has been shown repeatedly when governments were helpless because of their official red tape and could get neither men nor supplies quickly, while the Red Cross met the need in one or two day's time.

In great natural calamities, such as floods, earthquakes, etc., the Red Cross often provides funds for a gift or loan to those who need help in rebuilding their homes or re-establishing their business.

In most of the European countries the society maintains its own hospitals and trains nurses in them, so that the "Red Cross nurse" is a familiar figure.

These hospitals care for the poor, train nurses, and give courses of lectures with demonstrations to lay men and women. In war or epidemics these lay workers help in hospitals so as to release the nurses for the field, or do work at the front for which they are suited. The Red Cross nurses care for sick soldiers in time of peace.

These nurses are entirely under the control of the organization, though they are at liberty to leave the service at any time. They receive their living, clothing, and a very small salary, and when old are cared for or pensioned.



Fig. 22.—German Red Cross nurses in war time. (Courtesy of "The Trained Nurse and Hospital Review.")

The Red Cross in the United States.—Our own country was the thirty-second to enter the Red Cross. It was asked to join in 1866, but did not accept, and again in 1877,

when it still neglected to act. In 1881 Miss Clara Barton, who had worked all through the Civil War and had in the War of 1870 seen the work of the Red Cross abroad, organized a Red Cross *Committee* in the United States and incorporated in it the District of Columbia. In March, 1882 the United States Government at last signed the Geneva Convention and gave the work its official recognition. Miss Barton was for many years president of the American Red Cross committee.

From the time of its organization the American Red Cross has helped in disasters and calamities, and has become famous for its efficient help and the promptness with which it has been rendered. Some of the occasions are as follows:

1881, Michigan forest fires.
1882–83, Mississippi floods (and many times since).
1884, Ohio floods (and many times since).
1885, Texas famine.
1886, Charleston earthquake.
1888, Florida yellow fever.
1889, Johnstown flood.
1896, Armenian massacres.
1898, Spanish-American War, and following it the regeneration of Cuba.
1900, Galveston tidal wave.
1902, Mount Pelée eruption.
1905, Philippine typhoon.
1906, Japanese famine.
1906, California earthquake.
1907, Jamaica disaster.
1914–15–, 1917–1919, European War.

The American Red Cross was dissolved in 1905 by an act of Congress, and a new organization formed, incorporated under Government supervision. Before the World War there were about five hundred thousand mem-

bers. During the war the number rose to twenty millions.

The Red Cross Nursing Service in America.—For a long time the society had no regular nursing service in the United States. After the reorganization of the Red Cross a group of its officials in 1905 met a group of nurses and discussed the matter of formally establishing a Red Cross nursing service. In 1909 the Red Cross War Relief Board appointed a central committee of nursing service, on which were ten nurses. Miss Jane A. Delano



Fig. 23.—American Red Cross Nurse's Pin. (Protected by an Act of Congress, 1922.)

was made chairman of this committee, and remained in that position up to the time of her death, which occurred in France in April, 1919, while she was on a tour of inspection.[1]

[1] Miss Delano graduated from Bellevue Hospital in 1886. From 1891 to 1896 she was superintendent of nurses at the University of Pennsylvania Hospital, Philadelphia. For five years she was superintendent of nurses at Bellevue. Later she became superintendent of the Army Nurse Corps, from which she resigned to devote her time to the Red Cross. She was for three years president of the American Nurses' Association, and was for a long time an outstanding figure in the nursing world. During her last ten years she worked without salary, yet spent as many hours per day and was as faithful to her schedule as any paid worker. She left an estate of $500,000, most of which went to nurses or nursing organizations.



Fig. 24.—Miss Jane A. Delano. (Harris & Ewing, Washington, D. C.)

According to the present arrangement, the Army Nurse Corps and the Red Cross Nursing Service are

closely related, so that in time of war there is no friction, but cordial and practical co-operation. Each state has a branch of the national corps, with a committee of nurses who pass upon applicants for the service. There are standard requirements for entrance into the service.[1] Nurses promise to go when called, but excuses are ac-



Fig. 25.—Miss Delano's Grave in France. (Courtesy of Lakeside Publishing Co.)

cepted and a nurse may refuse her service without losing her standing.

"The Nursing Service, basis and backbone of Red Cross endeavor, with a tradition, morale, and organization comparable to the Army and Navy which it serves, continues to enroll nurses for the Army and the Navy and

[1] These requirements have been changed a number of times, especially during the World War.

the United States Public Health Service, as well as for the various Red Cross services, conducts intelligent propaganda to induce young women to adopt the nursing profession, co-operates with training institutions to increase the personnel and improve the quality of the profession, and exerts its influence in foreign lands to raise the standard of nursing abroad."[1] In 1914 and 1915 hospital units were sent into the World War and maintained there until October 1, 1915. The work was rebegun in June, 1917, after the entrance of the United States into the war and continued after the close of the war.

During the war over 10,000 Red Cross nurses served overseas. In 1921 there were 37,000 enrolled for service.

After the war the Red Cross sent special medical missions to Russia, Greece, Palestine, the Balkans, the Near East, and Siberia.[2] About 275 nurses served in these.

The Town and Country Nursing Service, begun in 1913, under Miss Fannie F. Clement, has done excellent work in rural districts. It has developed into an important *public health service* for which there is a rapidly increasing demand. At the close of the war there were 97 Red Cross public health nurses in the field; in 1920 there were over 1200, with more applications for help than could be filled. The Red Cross has a fund of $100,000 for scholarships in public health work.

The Bureau of Instruction in Home Nursing and in

[1] Annual report, American Red Cross, 1921.

[2] Miss Helen Scott Hay, of the Illinois Training School, Chicago, went overseas just before the World War, at the request of the Queen of Bulgaria, to develop trained nursing. She remained as chief nurse of the American Red Cross in the Balkans, and later (1921) was chief nurse of the American Red Cross in Europe.

Dietetics during the period of the war taught these subjects to about 50,000 lay women, making a distinct addition to the nursing knowledge of the country. In 1920 there were 1800 instructors available or actually at work.

The United States Sanitary Commission.—The simultaneous springing up of the Red Cross Society and the U. S. Sanitary Commission is one of the great coincidences of history. Neither knew of the other's work until it was fully organized and in operation; yet the principles and course of action in each were nearly identical. Both organizations marked the beginning of the joint work of men and women in a public way.

The Commission was established early in the Civil War by men and women who saw that the government needed help, but was not ready to admit it. When they first offered supplies and service, the Government Medical Bureau looked upon the proposal with suspicion; but its dire need soon forced it to accept. The Commission collected and distributed supplies of all sorts, planned camps and attended to their sanitation, tended the wounded on the field and in hospitals; in short, undertook a large share of the health work for the army. It has been called "the largest army charity the world had ever seen."

NURSING IN THE CIVIL WAR

At the beginning of the Civil War the government turned for nursing aid to the Roman Catholic Sisters, who in their well-established hospitals were doing such good work. The sisters were already organized, were used to discipline, were obedient to authority, and were outside the temptations of adventure and romance which might attract other women. They were clearly the best persons for the task.

The Sisters of Charity, the Sisters of Mercy, the Sisters

of St. Vincent, the Holy Cross Sisters, and many others served in the war, caring for soldiers in their own hospitals, in army hospitals, and on the battlefield itself, even working under fire. The nursing in some of the largest and best government hospitals was in their charge. The Satterlee Hospital at Philadelphia, under Mother Gonzaga, and the one at Mound City, under Mother Angela,[1] were notable examples. The Sexton sisters of New York, Mother Francis of Chicago, Mother Anthony O'Connell of Cincinnati, and others did conspicuous service.

Yet these hundreds of devoted sisters were not enough to care for so many wounded. Lay women in hundreds were needed to supplement them, and they answered the demand. Within thirty days after Lincoln's call for men in April, 1861, the Women's Central Committee of New York had selected—out of hundreds of applicants—one hundred women for army service, and had put them into Bellevue, St. Luke's, and other hospitals for a month's preparatory training. They recognized the insufficiency of this so-called training, but it was much better than none.

A Superintendent of Nurses Appointed.—In June, 1861 the Secretary of War appointed Dorothea Dix, famous for her reforms in insane hospitals, as Superintendent of Female Nurses for the Army, giving her entire control. Miss Dix was then a woman past sixty, and while she did good work, it was not to be compared with her earlier activities.

The War Nurses.—Women from all parts of the country offered their service. Miss Dix gave preference to middle-aged and plain-featured women. Some whom she refused applied direct to the Secretary of War, and were accepted. Many young married women went with their husbands' regiments, and proved so useful that

[1] A cousin of James G. Blaine.

they were allowed to remain. Over two thousand lay women served as nurses during the four years of the war.

Many men, ex-patients, orderlies, men unfit for active service, etc., were nurses all during the war. Public opinion was still inclined to the doctrine that men should care for men.

In the West Mrs. Mary A. Livermore did an enormous amount of unofficial work. She organized soldiers' aid societies, collected and distributed quantities of supplies, and by order of the Secretary of War selected and detailed nurses for duty in the hospitals.

Mrs. Adeline Tylor, of Baltimore, was in charge of a hospital at Annapolis and one at Chester.

Miss Helen Gibson organized a hospital kitchen at Richmond, Va., not unlike Miss Nightingale's at Scutari, and equally valuable in its work.

We are told how "Mother" Bickerdyke, who served for four years and was in nineteen battles, used to go at night, after a great battle, and by the light of her lantern look over the dead bodies left on the field, to be sure that no one who was still living had been overlooked. Her pitying soul could not bear the thought that some mother's son might be dying out there in the dark because he was too weak to make the sign of life.

The Hospitals.—Temporary hospitals were made of any buildings at hand. Other structures were hastily erected of boards, or tents were pitched. Public buildings were commonly used. At one time the Capitol at Washington was turned into a hospital, four hundred wounded being nursed in the Senate and House and three hundred in the rotunda. Hospital steamers are said to have originated in this war, many being in service along the Ohio and Mississippi.

A Typical Good Hospital.—A nurse[1] who served for over three years tells of the work at the Satterlee Hospital, just outside of Philadelphia. The buildings were plain wooden structures, hastily built, with very large wards. They accommodated five thousand patients, and there were tents set up for two thousand more. Dr. Isaac Hayes, of Arctic fame, was in charge, with Mother Gonzaga at the head of the nursing. Many noted surgeons served here without pay, some coming from Europe for the experience. Dr. John S. Billings was assistant superintendent for a time.

There were ward masters and orderlies who did as much of the nursing as they could, such as baths, enemata, etc. The women nurses dressed wounds,[2] gave medicines, attended to the diets of the very sick, and did only what the orderlies and men helpers could not do. There were only about forty nurses for this enormous hospital, and about one hundred orderlies. Convalescent patients helped as they were able, and willing help was the rule. There were usually plenty of supplies.

Neither doctors nor nurses regarded their work ideal, but did "just the best they could." The hours of duty were long, as night nursing was not developed. The nurse above referred to, in three years' continuous service, was away from the hospital only twice. Many nurses never used their salary ($12 a month) for themselves, but spent it on comforts for the soldiers.

The work was very irregular. After a battle, when the wounded poured in by hundreds, everyone worked continuously, day and night, until the emergency was over. The operating rooms could not accommodate the surgeons

[1] Mrs. Margaret Hamilton, of Wakefield, Mass.

[2] Nearly all wounds were infected (see Chapter X), and wet dressings, changed frequently, or poultices were much used.

at such times, and much operating had to be done in the wards. Amputations were common. We are told of the big tub into which were thrown the legs, arms, hands, pieces of ears, etc., which had to come off in the rush of surgery after a great battle.

There were many medical cases, fever, dysentery, and even smallpox (which were cared for in a separate building). Many nurses died of diseases contracted while on duty.



Fig. 26.—Memorial statue to the nurses of the Civil War. By Bela L. Pratt, sculptor. The statue stands in the State House at Boston.

The Dark Side.—Despite all efforts, many soldiers had insufficient care and many died from neglect. After some battles the wounded were laid in open sheds or temporary shelters by the hundreds, without bedding, and with only a few surgeons to look after them. The so-called ambulances were often only springless wagons which, with a load of four men each, bumped for hours over badly kept roads, until some of their human freight died in agony.

The death-rate in the Army of the Potomac was 6.5 per cent. of the cases treated.



Fig. 27.—Mrs. Rebecca Price, President of The Civil War Nurses in 1915. (Courtesy of "The Trained Nurse and Hospital Review.")

As late as 1865 a hospital patient reported: "The ward master is a person who cannot read or write. There are no women here. The nurses are citizens paid by the government, and a filthy, saucy crowd they are."

The author of "Hospital Pencillings"[1] tells how she went to the front absolutely untrained, and worked as "lady nurse" with doctors who resented her presence. The patients usually preferred women nurses, but some of the surgeons called them "permitted nuisances." She speaks of the supplies, twenty-six shirts for seventy-seven men, laundry being done by anyone who could be found to undertake it; one hundred and fifty men's wounds being washed with one sponge, with the result that fifty became gangrenous; of a ward, called by the doctors "the gangrene ward," which was christened "purgatory" by the patients.

Louisa Alcott's Account.—In "Hospital Sketches" Miss Alcott has given a picture of the work of the untrained women at the front. She says of her work in Washington: "Round the stove was gathered the dreariest group I ever saw—ragged, gaunt, and pale, mud to the knees, with bloody bandages untouched since put on days before. Presently Miss Blank put into my hands basin, sponge, towels, and a block of brown soap, saying, 'Come, begin to wash as fast as you can. Tell them to take off socks, coats, and shirts, scrub them well, put on clean shirts, the attendants will finish them off and lay them in bed.'

"My first lesson in dressing wounds. Dr. P—, whose aid I was, had served in the Crimea; . . . turning up his cuffs, whipped out a very unpleasant looking sewing case, cutting, sewing, patching and piecing, with the enthusiasm of an accomplished surgical seamstress, explaining the process in scientific terms to the patient meanwhile.

"The amputations were reserved until the next day. Then came the doctors' evening visit, . . . the administration of medicines, washing feverish faces, smoothing

[1] Elvira J. Powers.

tumbled beds, wetting wounds, singing lullabies, preparation for the night."

Our Veteran Nurses.—Having in mind that the majority of the Civil War nurses were middle-aged at the time of their service, it is not surprising to find that but few of them remain at the present time. The official roll in 1915 contained but two hundred names,[1] though there are doubtless others who did not receive government recogni-



Fig. 28.—Red Cross Headquarters, Washington, D. C. (Memorial to the Women of the Civil War.)

tion, but who did long and faithful service. They have an organization, *The Civil War Nurses.*

A memorial building to these self-sacrificing women has been erected in Washington, a portion of its cost being borne by the government. It is used as a permanent home for the American Red Cross. It was opened in 1917.

[1] In 1920 there were less than one hundred left.

SUMMARY OF IMPORTANT POINTS

The Red Cross Society is an international lay organization, organized for the purpose of caring for the wounded in war and for the distressed in time of peace.

It was founded by Henri Dunant, a Swiss, who outlined its policy.

Its first official act was the signing of the Convention of Geneva, in 1864, which has become an accepted part of international law.

The United States did not enter the Red Cross until 1882, when a committee was organized under the leadership of Clara Barton.

In Europe the Red Cross has its own hospitals and trains nurses, also giving short courses to laymen. In America it depends for its supply of nurses upon those from the regular hospitals.

The service of the Red Cross has always been remarkable for its perfect organization, its quickness to move, its all-round efficiency.

The Red Cross Nursing Service of the United States, organized in 1909, is now a power in the country and in the world; 11,000 of its nurses served in the great war. Its Town and Country Service is an important factor in rural public health work.

The U. S. Sanitary Commission was a lay society of the Civil War, working along lines similar to those of the Red Cross. It did remarkable work when the government was not equal to the task.

The nurses in the Civil War were Roman Catholic Sisters, lay women who had received a short training, and a certain number of those quite untrained.

Dorothea Dix was Superintendent of Female Nurses. In the West Mary A. Livermore did much unofficial work.

The nurses worked in huge hospitals, in field hospitals,

and on the battlefield itself. They encountered dangers and did hard work with great devotion.

About one hundred of the Civil War nurses are still living.

A memorial building to the nurses of the Civil War has been erected in Washington; it houses the Red Cross Society.

CHAPTER IX

THE FIRST TRAINING-SCHOOLS IN AMERICA

There are several claimants for the honor of having first trained nurses in America. It would be unwise to attempt to say whose this distinction is; but it is certain that there were a number of persons whose insight led them to see the need of training for nurses and to attempt to supply it. Those who succeeded in effecting permanent organizations are merely the fortunate inheritors of the work of those who paved the way, often by crude and temporary efforts, but whose faces were toward the goal which their successors reached.

Beginnings.—Doubtless the first attempt to train nurses was that made by the Ursuline Sisters of Quebec, who about 1640 taught the savage women to care for their sick.

The family of Dr. Valentine Seaman, of New York, holds that he was the first person to found a school for nurses. His son says, "In 1798 Dr. Seaman introduced the first regular school for trained nurses, from which other schools have since been established." He had about twenty-four pupils, and gave them a course of lectures in anatomy, physiology, care of children, and midwifery. In 1800 a synopsis of these lectures was published. The report of the New York Hospital for 1882 says: "As long ago as the early part of the present century Dr. Valentine Seaman, connected with this hospital as attending surgeon up to his death in 1817, was in the habit of giving regular instruction to the nurses by lectures and otherwise. Thus early was foreshadowed the more elaborate system

which has recently taken shape in the modern training-school."

Dr. Joseph Warrington, of Philadelphia, for a long time cherished the idea of training nurses in midwifery, and about 1839 began the work in a small way, under the Nurse Society of Philadelphia, an organization for the



Fig. 29.—Dr. Valentine Seaman, Attending Surgeon to the New York Hospital, 1796–1817. One of the first to teach nurses.

care of the poor in their homes. His pupils were of a good class, were taught at the Philadelphia Dispensary in the same classes with medical students, were given demonstrations upon a manikin, etc. They spent their whole time with one patient, and were paid $2.50 a week by the Society.

In 1849 a home was established for these nurses, and they were called pupils. The training was extended,[1] they took medical and surgical cases as well as obstetric, and were granted a "certificate of approbation." Early reports call this "the first nurse training-school founded in America, in active operation since 1828." In 1867 they had a long list of "graduate nurses."

The New York Infirmary for Women is said to have trained nurses early, with the idea of supplying them to private families.

In 1861 the Philadelphia Woman's Hospital had offered training to nurses, but no one applied until 1863, and the school was not active until 1872.

THE FIRST PERMANENT TRAINING-SCHOOLS

The **New England Hospital for Women,** of Boston, Mass., an organization composed entirely of women physicians, claims and is acknowledged to have the oldest training-school for nurses in America. The work probably began soon after Dr. Marie Zakrzewska took the Chair of Obstetrics in 1859. She was a German, had studied in Berlin, graduated in medicine at Cleveland, O., and had taken an active part in founding the New York Infirmary for Women. She suggested that the women medical students receive practical instruction in the hospital, and that a training-school for nurses be established. She trained six nurses during her first two years, but they were not given certificates.

This hospital was the first to be granted a charter for a training-school for nurses, it being included in the hospital charter of 1863. At that time about thirty nurses

[1] One authority states that the course was two years.

had gone through training in obstetrics, but were not certificated and were not called graduates.

When the New England Hospital moved into a new building in 1872, with Dr. Susan Dimock in charge, the present training-school was begun. Dr. Dimock had



Fig. 30.—Dr. Marie Zakrzewska.

finished her medical education in Switzerland, had been to Kaiserswerth, and knew its methods. The success of the training-school is due chiefly to her, though Dr. Zakrzewska taught the bedside nursing. There was a course of twelve lectures given the nurses, which was also

open to outsiders, many of whom attended. The nurses' course was one year.[1]

One of the first five pupils who entered here was Miss Linda Richards. She is, with justice, called "America's first trained nurse." Her life has comprehended the whole story of trained nursing in this country. Every



Fig. 31.—Dr. Susan Dimock.

nurse should read the fascinating story as told in her "Reminiscences."

Miss Richards had been a nurse in the Boston City Hospital.[2] She had been offered a position as head nurse

[1] It was lengthened to sixteen months, and in 1877 to eighteen months, when it included diet kitchen, contagious, and district work. Not until 1893 was a two-year course established.

[2] She had gone there with the idea of learning nursing, and had been greatly disappointed to find that the nurse's work and position was little more than that of a maid.

there, but had refused it upon the ground that she did not know enough and wanted some training; they had directed her to the New England Hospital.

She tells of the training: The nurses rose at 5.30 A. M. and retired at 9 P. M. Their rooms were between the wards and they had charge of the patients both day and night, having often to get up several times a night. After six months, when the second class of nurses entered, a night nurse was put on. There were no hours off and no time off on Sunday. An afternoon off was given every two weeks. The nurses wore washable dresses, but not a uniform. "The practical instruction was given by the young women interns. If we did badly, an intern was told to give us further teaching. The instruction sometimes amounted to a consultation between intern and nurse as to the best way of doing the service in question. Great care was taken that we should not know the medicines given; they were numbered only.[1] We had no text-books and no examinations. We were simply given a diploma when we got through."[2]

When Miss Richards graduated she was asked to remain as head nurse; Massachusetts General Hospital asked her to take charge of their newly organized training-school; Hartford Hospital offered her a position as head

[1] This practice was common in many hospitals, and survived as late as 1907.

[2] The other graduates of this first class were: Mrs. Wolhaupter, who was at Bellevue as head nurse, then as night superintendent, superintendent of a maternity hospital in Brooklyn, and head of the training-school at Massachusetts General. She died some years ago. Miss Molesca A. Woods, who was head nurse at Bellevue and Massachusetts General, and night superintendent at the Boston City Hospital. Miss Caroline Stapfer, who did private nursing and massage in Boston and Los Angeles. Miss Thayer, who did private duty.

nurse; Bellevue, New York, wanted her for its night superintendent, and she accepted.

The Interest of Doctors in Nurse Training.—It was in 1869 that the medical profession of America first went on record as favoring nurses' training. That year a committee, with Dr. S. D. Gross as chairman, was appointed to look into the matter. They reported: "There is a marked diminution of mortality in hospitals where the nursing is done by trained women, a decided decrease in expenditure, and a great improvement in the moral character of the inmates." They recommended: (1) That every large and well-organized hospital should establish a school to train nurses for both hospital and private work. (2) That district schools of nursing should be formed and placed under county medical societies for their instruction. (3) That nurses' societies should be formed and their members given preference in their work. This outline plan certainly showed remarkable insight into the possibilities of the trained nurse.

The Bellevue, Connecticut, and Boston Schools.—The next year, 1873, was a notable one, since in that year were established three of the important training-schools of the country—Bellevue, New York, in May; the Connecticut Training-School, New Haven, Conn., in October; and the Boston Training-School, at Massachusetts General Hospital, Boston, in November.

It is interesting to note that the New York and Boston schools were the result of the efforts of committees of laywomen, and were opposed by doctors; while the New Haven school was pushed by doctors.

Bellevue.—In 1871 a woman's visiting committee had asked that an attempt be made to have a nurses' training-school. The matter was referred to the Medical Board, which did nothing whatever about it. In 1872 Miss

Louisa Lee Schuyler organized the New York State Charities Aid Association, and one of their visiting committees inspected Bellevue Hospital, finding a seriously bad state of affairs. The nursing was done chiefly by women who were ex-convicts, who collected fees from the patients for the crude and inefficient services which they rendered them; drunkenness and foul language were common. There were no night nurses, but three night watchmen made rounds among the eight hundred patients. It was a repetition of the worst days in the hospitals of Old England. Dr. Gill Wylie, who was an intern there, said, "The nurses had the impossible task of attending to from twenty to thirty patients each. The night watchman was expected to attend to patients who required it. The wards looked well on the surface; but sepsis followed slight operations or injuries, and about 50 per cent. of the amputations were fatal. One out of every eleven maternity cases died."

The report of these conditions stirred the committee, and they felt that there was no hope unless the nursing could be improved. Most of the Medical Board disapproved of their interest in the matter. General James Bowen was the only commissioner who supported them. A clergyman said publicly that it was not proper for ladies to visit a hospital of this sort.

Dr. Wylie offered to go abroad, at his own expense, to see what was being done there. He spent some time doing this, met Miss Nightingale, and got valuable advice from her. Meantime the ladies, under the leadership of Miss Schuyler,[1] had succeeded in getting six wards set apart for them to use in making the experiment of a nurses' training class. Funds were raised by subscription and a house rented for the nurses' home.

[1] The National Institute of Sciences recognizes Miss Schuyler as the founder of Bellevue's training-school.

The committee was much distressed over the problem of finding a superintendent for the school, when Sister Helen, trained in England,[1] offered her services. Before this time she had worked in hospitals where politics held sway, and knew how to deal with the situation. She was a strict, austere woman, with quiet firmness—the only



Fig. 32.—Sister Helen. (Courtesy of American Nurses' Association.)

type that could succeed under such circumstances. She made a place for herself and her nurses, and kept it.

Some of the former nurses wished to enter the school, but effort was made to exclude the servant class and to get educated women. This was regarded by most per-

[1] She was a member of All Saints' Sisterhood, working in Baltimore.

sons as impractical. One of the physicians said, "I do not believe in the success of a training-school for nurses at Bellevue. The patients are of a class so difficult to deal with and the service is so laborious that the conscientious, intelligent women you are looking for will lose heart and hope."

In a year's time the school had gotten a firm hold of the work, and four more wards were given to them. The first class of six[1] graduated in May, 1875, having completed a course of two years, though the first year only was regarded as training.

No uniform was worn, as the pupils did not like the idea; finally a wealthy and beautiful nurse put on a uniform; the others were impressed with her appearance, and it became the custom.[2]

Miss Linda Richards became night superintendent in October, 1874. At that time no records were kept and there were no written orders; it was Miss Richards' notes for one of her nurses that started the practice of keeping records and writing orders. There was no class work and the lectures were very irregular. "The training did not compare favorably with that given at the New England Hospital, where far greater nicety in caring for patients was required."[3]

Within a short time the doctors began to approve of the school. They found that they were getting better results than they ever had, and that they might attempt things which had hitherto been impossible.

Sister Helen left in May, 1876. She was succeeded by

[1] Seventy-three had applied for training, and 29 had been accepted; some were dismissed and some dropped out.

[2] They wore a white cap and apron and brown linen half-sleeves. For the first few years the winter dress was of gray wool.

[3] Linda Richards.

Miss Eliza Perkins, a woman who was not a nurse, but who did excellent service for fifteen years.

The Connecticut Training-school.—In 1872 the New Haven (Conn.) Hospital appointed a committee of three doctors[1] to report upon the practicability of training nurses. Dr. Gill Wylie's report upon European training-schools aided them in their investigation. They reported in April, 1873 that it was not expedient for the hospital itself to undertake such a work, but that they recommended the establishment of a school as a separate organization, with the hospital as its field.

The school obtained its charter before Bellevue did, but was not opened until after Bellevue. Dr. Francis Bacon, after a study of the English schools, made out a scheme of organization. The school was founded, but there were no pupils. They advertised for probationers through country newspapers, ladies' missionary societies, notices at railway stations, and in post-offices.[2]

The school started October 1, 1873, with three pupils. The nurses wore no uniform. The superintendent ate in the basement with some of the men patients. The doctors liked the work of the nurses and were, from the first, enthusiastic over the school. Very shortly the school was allowed to take eight pupils, and at the end of its second year the pupils were sent into private nursing. The public took kindly to them and there was an immediate demand for their services.

In 1879 the school compiled and published its own text-book of nursing. This was the joint work of doctors and nurses, and as such is notable.

[1] Mr. Charles Thompson also had a hand in the work.

[2] All the early training-schools found it hard to convince young women that it was necessary to spend even six months' time in learning nursing. The Civil War had, however, done much to call attention to the need of training.

The Boston Training-school.—In 1807 the Massachusetts General Hospital had been started by a group of prominent doctors. It was a private enterprise,[1] though designed for non-paying patients. It was a model hospital for the time, noted for its cleanliness and good nursing. Mrs. G. L. Sturtevant, who was nurse there in 1862, tells us of the conditions of work: "The nurses were paid $7.50 a month, head nurses $12. There were no maids; the nurses washed the dishes and did the cleaning. The night watchers left the wards at 5 A. M., making a verbal report to the head nurse. The day nurses went on duty at that hour, had breakfast at six, and remained on until 9.30 P. M., taking an occasional hour off if they could get it. They slept in small rooms between the wards, two nurses in a folding bed. In the daytime the room was used for doctors' consultations or for dressings and minor operations."

The hospital had much better nurses than any other of which we have a record. It was far from being the dreadful place that Bellevue was. Its training-school came about from a wish to help nurses rather than to improve the hospital.

Miss Cabot, a sister of Dr. Samuel Cabot, of Boston, was one of a committee of the Woman's Educational Union to find out what could be done toward giving American women a chance to be self-supporting. She talked with Mrs. Samuel Parkman and they concluded that nursing could be made to attract a good class of women. Mrs. Parkman was on the training-school committee of the New England Hospital, and also knew Miss Nightingale. Dr. Wylie was applied to for information. Dr. Susan Dimock helped and encouraged.

[1] It was probably the first American example of a private corporation that established a hospital.

The committee which was formed to present the matter to the Massachusetts General Hospital consisted of a group of men and women of intellect and social prominence. The hospital trustees and staff did not take kindly to the idea of a training-school for nurses, but the standing of the committee was such that they were compelled to consider it.

It was finally agreed that the hospital should allow the school to nurse two wards as an experiment. Subscriptions were secured for the expenses of the school, and pupils were advertised for. Six probationers were accepted, and on November 1, 1873 the Boston Training-school became a fact.

As no trained woman was to be had for a superintendent, they selected Mrs. Billings, who had had charge of a hospital during the Civil War, and sent her to Bellevue for two months' instruction under Sister Helen. She remained with the training-school but three months, however, and was succeeded by Mrs. Mary von Olnhauser, who stayed ten months. The woman's committee attended the nurses' lectures, looked over the pupils' notes, and helped with examinations. A noteworthy fact was the class in preliminary work which was started in January, 1874.

At the end of the first year Miss Linda Richards became superintendent of nurses. She found the school still on trial and rather discredited by the staff, who did not regard it as a success. She saw that the nurses were doing their work much as their untrained predecessors had, doing dish-washing and dining-room work, washing poultice cloths,[1] taking turns between times at doing night duty and being head nurse.

[1] Cotton was expensive, so all soiled dressings and poultice cloths, of which there were many, had to be washed (in the patients' bath-tub) and ironed by the nurses.

Miss Richards reorganized the work, got classes under way, and developed the school in a remarkable manner. By the end of her first year she had convinced the doctors that the new régime was a success, and the school was



Fig. 33.—Miss Linda Richards in her prime. (From "Reminiscences of Linda Richards," published by Whitcomb and Barrows.)

accepted by the trustees as a part of the hospital. (It remained a separate organization until 1895.) Miss Richards remained for two and one-half years, and when she left to study training-school work in England the school was on a permanent basis.

SUMMARY OF IMPORTANT POINTS

It is difficult to say who was actually the first to train nurses in America, as there are several who claim the honor.

The Ursuline Sisters of Quebec, about 1640, taught the Indian women to care for the sick. Dr. Valentine Seaman, at the New York Hospital, beginning in 1798, taught nurses for many years. The Nurse Society of Philadelphia gave training in midwifery about 1840. The Philadelphia Woman's Hospital offered training from 1861 on, but did little for some years.

The New England Hospital for Women, at Boston, founded in 1872 what was probably the first permanent, systematic school for nurses. Dr. Susan Dimock was in charge, and Dr. Marie Zakrzewska taught nursing. No text-books were used. The course was one year. Miss Linda Richards was the first nurse to receive a diploma.

In 1873 three training-schools were founded: Bellevue, of New York; the Connecticut Training-school, of New Haven, Conn., and the Boston Training-school at Massachusetts General Hospital.

Bellevue's school was founded by a committee of women, under Miss Louisa Schuyler, and helped by Dr. Gill Wylie. The school began under great opposition, but shortly made good. The training was one year, but nurses were required to remain two years. Sister Helen was the first superintendent, and was followed by Miss Eliza Perkins. Miss Linda Richards was night superintendent the second year.

The Connecticut Training-school grew directly from the hospital itself, being organized by the doctors. The school published a text-book of nursing in 1879.

The Boston Training-school was designed primarily

to make nursing a high-class occupation for women. The Massachusetts General Hospital was already excellent and felt no need of the school. It was not an entire success until Miss Linda Richards took charge, when it speedily reached a high standard and was accepted by the hospital trustees and doctors as a successful innovation.

CHAPTER X

THE WORK OF GREAT SCIENTISTS AS RELATED TO NURSING

The Nineteenth Century's Contribution to the Care of the Sick.—The nineteenth century produced a group of persons, practically contemporaries, who in fifty years did more than all those before them to change and improve not only the practice of medicine and surgery, and of nursing, but the whole trend of the care of the sick.

These men were contemporaries of Florence Nightingale, and her work fitted in with theirs in a marvellous way. They reshaped nursing practice; she reshaped the nurse. They revised, improved, and elaborated methods; she gave them nurses capable of carrying out the new methods. They invented a new technic; she produced women who could be depended upon to carry out that technic.

Significant Dates.—A comparison of dates brings out the fact that Florence Nightingale was born in 1820, Pasteur in 1822, and Lister in 1827.[1] Holmes and Semmelweis, on opposite sides of the Atlantic, attacked the problem of puerperal fever in the same year (1843) that Koch, who proved their theories, was born. Chloroform and ether were first used as anesthetics just as modern surgery was developed to the point where it most needed them.

The story of this whole group of persons is so interwoven that it cannot rightly be told except as one narrative. At

[1] Lister and Florence Nightingale died in the same year.

every step of the way nursing was modified and new demands were made upon the women who cared for the sick.

State of the Work at the Beginning of the Century.—If the nineteenth century dawned upon a dark age in nursing, so also did it find medicine and surgery in a state of stagnation. There were few medical schools, and the majority of doctors were taught by means of the "apprentice" system, being hostler and janitor to the man whose medical library they were allowed to read, and picking up such knowledge as they could by observation.

Medical works described diseases very carefully, but doubted the possibility of curing them. Anatomy and physiology were in an undeveloped state; chemistry was young in practical value; bacteriology was unknown and unthought of. Most doctors believed in the "spontaneous generation" of disease, *i. e.*, certain living organisms grew of themselves from nothing. Acute disease was invariably treated by "lowering" measures—starving, blood-letting, large doses of mercury, antimony, opium, etc. The clinical thermometer did not come into use until about 1850; before that time physicians and nurses guessed at temperature by feeling the patient's skin. In short, medicine, surgery, and nursing were all largely guesswork, and exact methods in any of them were practically unknown.

Lister and His Time.—Joseph Lister, whose genius lay in his ability to see "the obvious rather than the conventional," was English. His father was the man who perfected the microscope by producing a lens which gave sharp outlines to the object instead of the blurred figure which all these instruments had previously shown. Thus the elder Lister paved the way for the work of Pasteur, Koch, and his own famous son.

In hospital work in London Lister became familiar with all the dreadful forms of blood-poisoning then so prevalent, and with hospital gangrene, the scourge of the day. Every wound was an infected one; nothing healed without extensive suppuration.[1] Tetanus, erysipelas, pyemia, and septicemia were almost constantly epidemic in all hospitals. In Paris the very name of the great "Hotel Dieu" was a ghastly jest, since its death-rate was 25 per cent., mostly from the above causes. Munich's largest hospital had at one time a death-rate of 80 per cent. England was no better.

In those days, Wrench tells us, "Doctors paid rather less attention to cleanliness than other men because of their familiarity with offensive matter. Before an operation the surgeon turned up the sleeves of his coat to save the coat, and would often not trouble to wash his hands, knowing how soiled they soon would be(!). The area of the operation would sometimes be washed with soap and water, but not always, for the inevitability of corruption made it seem useless. The silk or thread used for stitches or ligatures was hung over a button of the surgeon's coat, and during the operation a convenient place for the knife to rest was between his lips. Instruments used in operation were washed and put away, but those used for dressings or lancing abscesses were kept in the vest pocket, and often only wiped with a piece of rag as the surgeon went from one patient to another."

Lister, who began his surgical work under Syme, of Edinburgh (a man who kept everything very clean and whose results were phenomenal), made his assistants and

[1] A prominent Philadelphia surgeon of the last generation, teaching a class of medical students, sent an orderly to the hospital ward for a sample—to be obtained while he waited—of "laudable" and "ichorous" pus, a teacupful of each!

nurses wash their hands often, and used Condy's fluid or some other deodorant.[1] Despite these precautions, he had almost as many cases of blood-poisoning as surgeons who were less clean. He determined to find out what the trouble was.

Lister's Problem.—Compound fractures gave him the first clue. He noted that when a bone was broken but the



Fig. 34.—Lord Lister (1827–1912).

skin remained whole, there was recovery without disturbance; but that when the skin was broken, suppuration, fever, and often death resulted. He made a thorough

[1] Lister never used a nail-brush, but merely turned up his sleeves and washed his hands; yet the results which he got in his best days have never been surpassed.

study of the nature of inflammation, arriving at the conclusion that something got into the wound from outside. What this something was he did not know. One day he found the key to this problem in the work of Pasteur.

Louis Pasteur was not a doctor, but a chemist. In 1854, while making experiments in wine-production, he arrived at conclusions that were the beginning of the



Fig. 35.—Louis Pasteur (1822–1895).

science of bacteriology. He propounded the theory of the existence of germs, and made his conclusions public; but despite his prominent position, they were ridiculed. Not until later, when the French Academy of Science took the matter up, was his work acknowledged.

Pasteur worked out in his laboratories all the details of the germ theory of disease; but it was Koch who later developed exact methods for studying and handling

bacteria. Pasteur worked out a cure for rabies which is now the standard. He may be said to have invented vaccines. Lister always gave Pasteur the credit of having discovered the principles upon which he himself built the science of modern surgery.[1]

Pasteur's Solution of Lister's Problem.—Pasteur once said, "Chance favors only the mind that is prepared." Lister, as he read of Pasteur's work, saw in it as no other man of his time did what it meant to science and to humanity. He found the explanation of his own troubles with compound fracture cases, and knew that it was bacteria which produced the suppuration. He saw at once the practical application.

Lister's Methods.—Searching for a chemical to kill bacteria, Lister began using carbolic acid. He had only the crude sort, which did not dissolve in water. He used it full strength at first; it burnt the wound, but sealed it up in an antiseptic substance, so that the wound healed under a crust, the famous "antiseptic scab" of the past generation. Later he used carbolic mixed with oil, soaking his instruments and dressings in it.[2] He began to get better results.

The possibility of air-borne infection worried him, and when one of his students suggested a carbolic spray, he adopted the idea, and did his operations in a fine mist of carbolic solution. Later he became convinced that air-

[1] Pasteur became personally acquainted with the men who worked out the application of his theories—with Koch, Roux (the inventor of antidiphtheric serum), and Metchnikoff. At Pasteur's Jubilee in 1892 Lister spoke, praising him highly; whereupon Pasteur, always emotional, rushed to the platform and publicly embraced Lister, amidst the applause of the audience.

[2] Le Fort, a French surgeon, who always advocated scrupulous cleanliness, had in 1868 used alcoholized water for dressings, with excellent results.

borne infection was either non-existent or unimportant, and dropped the practice, saying that he was ashamed to have recommended it. Only within a few years has air-borne infection ceased to be believed in by our best authorities; Lister anticipated them by several decades.

The question of ligatures also troubled him. Ambroise Paré had invented them as a means of doing away with cauterization, but they always suppurated. Surgeons were in the habit of leaving long the ends of the silk with which blood-vessels were tied, so that they hung from the wound; when the knot literally rotted off, the ligature was pulled away; secondary hemorrhage sometimes ensued, and the suppuration continued. Sir James Simpson devised acupressure, in which the arteries were temporarily compressed between long needles thrust into the wound; these were removed after a few days; while better than ligatures, they were not satisfactory.

Lister, after long experiment, worked out the whole problem of sterile catgut, and introduced the buried ligature which did not suppurate because it was clean. He also invented chromic catgut. Rubber drainage-tubing was another of his discoveries.[1]

For a long time Lister's methods were bitterly opposed in Great Britain. He visited the United States in 1876 and spoke, but practically no attention was paid to him.

The Problem of Puerperal Fever.—Maternity wards were even worse than surgical ones. Only the poorest women went into them. As the years went on they grew worse, until they were hardly more than death-traps. In the great Maternity at Vienna, where in 1820 the death-

[1] Queen Victoria had an abscess under her arm, which Lister opened. He drained it with gauze, but it did not do well. It was then that he first thought of and tried rubber tubing, soaking it over night in carbolic solution.

rate had been less than 1 per cent., overcrowding and carelessness resulted in an increase of puerperal fever, until in 1846 about 12 per cent. of the mothers died from it. The Pitie of Paris lost 10 per cent. of its women from the same cause; the General Lying-in of London, 25 per cent. All large maternities had a similar record.



Fig. 36.—Ignaz Philipp Semmelweis, the discoverer of the cause, and the inventor of the means for the prevention, of childbed fever, or puerperal infeetion.

Ignaz Philipp Semmelweis, born in 1818 in Hungary, was an assistant physician in the Vienna Maternity. His genius led him to observe that in wards where deliveries were done by midwives the death-rate was 3 per cent., while in those where students delivered the rate was 12 per cent. On investigation, he found men coming from

the dissecting room or from autopsies on puerperal fever cases and going direct to a delivery without even washing their hands.

He began the simple régime of making his students scrub their hands with a brush and soak them in a solution of chlorinated lime. The death-rate in his wards fell rapidly—in a month to that of the midwives and later to about 1 per cent.

His chief, jealous of his success, bitterly opposed his methods, and drove him from Vienna. He went to Pesth, and repeated his successes; but he was high-strung and sensitive, and finally brooded so much over the suffering and death caused by the carelessness of physicians that he lost his mind. He died in 1865, the year that Lister began his work in antiseptic surgery.

Holmes and the Same Problem.—At the time that Semmelweiss gained his success and his persecution, Dr. Oliver Wendell Holmes, of Boston, wrote his classic essay on "The Contagiousness of Puerperal Fever." It is a masterly presentation of the facts, with a forceful setting forth of the arguments in favor of his theory. It has great literary merit and is thoroughly scientific.[1] Holmes felt quite as deeply upon the subject as did Semmelweiss, for he said, "Better that twenty professors be unseated than that one mother's life should be taken."

Pasteur's Solution.—About twenty years after Holmes set forth his theories, Pasteur in his laboratory demonstrated that the Streptococcus pyogenes was the cause of puerperal fever. Yet it was years later before the scientific world accepted his proof.[2]

[1] It may be found among his "Medical Essays."

[2] At a meeting of the French Academy of Medicine a prominent man spoke of the mystery of epidemics of puerperal fever. Pasteur sprang up: "The cause of these epidemics is no more than this—



Fig. 37.—The dome-amphitheater, Massachusetts General Hospital. The first public demonstration of ether anesthesia, October 16, 1846. (After the well-known painting in the Boston Medical Library, by Hobert Hinckley.)

Anesthetics.—Up to the middle of the nineteenth century all operations had had to be done without anes-

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the doctor and his assistants carry the microbe of the sick woman to the well woman." The doctor replied condescendingly that he feared they should never discover that microbe. Pasteur rushed dramatically to the blackboard and drew a picture of the streptococcus, crying, "There is its picture."—Foster.

thesia. This greatly limited the field of surgery, and was the cause of many deaths from shock. We can hardly conceive of the suffering which surgical cases underwent.

In 1845 Sir James Simpson, of England, first demonstrated the use of *chloroform* as an anesthetic, and introduced it into surgery. He was attacked by both his fellow surgeons and the clergy, who denounced him as a man who presumed to take away the pain which heaven sent to mortals to try or punish them; they especially thought it wrong to lessen the sufferings of childbirth, to which they felt women had been doomed by the Almighty.

Crawford Long, of Georgia, was probably the first man to use *ether* as an anesthetic, but the credit is given to W. T. G. Morton, a Boston dentist, since he was the first to make a public demonstration of its use in surgery. On October 16, 1846, at the Massachusetts General Hospital, Morton gave ether to a surgical patient before a large company of doctors. In honor of the event the hospital each year observes "Ether Day," with exercises held in the old operating-room, where the original table is still in place.[1]

Dr. Robert Koch, the German scientist, was born in 1843. He began his researches in bacteriology in 1872, the year that trained nursing was established in America. Probably nothing has changed the work of the nurse more, nor made it more an expert and a scientific task than has this science which he worked out.[2]

[1] The operating-table is covered with plush, and there was a velvet cushion into which the surgical needles were stuck.

[2] Surgery and surgical nursing have been much influenced by the Mayo brothers of Rochester, Minn. They have done many new operations and greatly simplified technic. They hold a continuous clinic to which hundreds of surgeons go. They were doubtless the first men to advocate nurses for anesthetists.

Koch invented practically all the modern methods of handling bacteria, of cultivating, staining, and studying them. Before his time little could be done, because no one knew how to isolate or handle germs; even Pasteur's methods were crude in comparison with Koch's accuracy.

Koch discovered the bacillus of tuberculosis, and so set on foot the whole antituberculosis movement, in which nursing has come to play so vital a part. He attempted



Fig. 38.—Dr. Robert Koch (1843–1910). (Courtesy of Captain Henry J. Nichols, U. S. Army.)

to find a cure for the disease, but while he failed, he has given us valuable and accurate tests for discovering its presence in incipient or obscure cases.[1]

Effect Upon Nursing.—It is to these men that we owe the whole technic of the modern operating-room and the modern maternity. They made possible the brilliant successes of recent surgery and medicine. It was largely

[1] Koch died in 1910.

their work that brought nursing out of the darkness of empiricism and made it a science as well as an art. On the other hand, the trained nurse was the *sine qua non* in their work, for without skilled help no surgeon could possibly carry out an effective technic.

SUMMARY OF IMPORTANT POINTS

Florence Nightingale, Lister, Pasteur, Koch, Semmelweis, Holmes, Simpson, and Morton belong to a group that was nearly contemporary, and who did more than all their predecessors to put medicine, surgery, and nursing on a scientific basis.

Lister invented antiseptic and aseptic surgery. He first used the buried ligature, chromic catgut, and rubber drainage-tubing.

Pasteur was the originator of the germ theory of disease, found the causes of contagion of all sorts, and developed a cure for rabies.

Semmelweis and Holmes taught the contagious nature of puerperal fever, and advocated cleanliness for its control.

Koch worked out the whole science of bacteriology and of modern laboratory methods. He discovered the tubercular bacillus.

Sir James Simpson introduced chloroform as an anesthetic, and W. T. G. Morton introduced ether.

CHAPTER XI

THE DEVELOPMENT OF TRAINED NURSING IN AMERICA

The founding, some fifty years ago, of four training-schools, with but twenty pupils among them, marked the beginning of a nursing era for the United States. Many of the members of those first training classes are still living; they have seen, in one generation, the creation of a great and permanent vocation for women—the development of a profession which is already indispensable in community and national life.

America was only about a dozen years behind England in the establishment of training-schools for nurses, and nursing progress here has closely followed that in Great Britain.

The Youth of Trained Nursing.—In both England and America the need for trained nursing was so great that training-schools inevitably took root and grew. Then unforeseen situations arose which had to be met without mature deliberation; unexpected difficulties were encountered and became the subject of experiment, while progress in allied lines of work and in the whole life of the world brought new conditions that had to be met by new tactics. There were no precedents; it was necessary to establish them.

We shall understand our own work better if we bear in mind that nursing is even yet far from being fully developed. Another century may make what we now call progress seem like the crudest of beginnings.

Some Early Training-schools.—The training-school idea spread rather slowly at first—witness the fact that in 1883, ten years after the first school had been organized, only twenty-two schools were reported to be in existence.[1] These were as follows:

Year of founding—

1872—New England Hospital for Women, Boston, Mass.

1873—Bellevue Hospital, New York City.
Connecticut Training-School, New Haven, Conn.
Boston Training-School, Mass. Gen'l Hospital.

1875—Charity Hospital, New York City.
Pennsylvania Hospital, Philadelphia, Pa.

1877—The New York Hospital, N. Y. City (19 pupils).
Hartford Hospital, Hartford, Conn.
Boston City Hospital, Boston, Mass.
Washington Training-School, Washington, D. C.[2]
Buffalo General Hospital, Buffalo, N. Y.

1880—Rochester City Hospital, Rochester, N. Y.
The Brooklyn Hospital, Brooklyn, N. Y.

1881—Illinois Training-School, Chicago, Ill. (8 pupils).
Mount Sinai Hospital, New York City (12 pupils).

1882—Mary Fletcher Hospital, Burlington, Vt. (17 pupils).
Orange Memorial Hospital, Orange, N. J. (5 pupils).
Charity Hospital, New Orleans, La.

1883—Long Island College Hospital, Brooklyn, N. Y.
Cincinnati Training-School, Cincinnati, O.
Charleston City Hospital, Charleston, S. C.
Johns Hopkins Hospital, Baltimore, Md.

These hospitals reported in 1883 about 600 graduates.

[1] There were probably several others not reported.

[2] This school had no hospital of its own, but gave a preliminary course and experience in two or three hospitals.

Growth of Training-schools.—After 1890 schools for nurses multiplied rapidly. In 1896 there were two hundred and twenty schools reported, and the actual number was doubtless considerably greater. In 1898 there were over five hundred schools reported, and ten thousand graduates were at work, while by the year 1900 there were said to be twenty-seven thousand. In 1917 a survey of nursing resources was made, which showed 65,000 registered nurses, and 43,000 nurses in training. In 1920 there were 150,000 trained nurses (of whom 5500 were men), 3000 nurses' training-schools with 55,000 student nurses and 13,000 graduating each year.[1] There were 15,000 superintendents of nurses and supervisors, and 11,000 nurses in public health work.

Training-schools in the Religious Orders.—All through the long years of hospital abuse and bad nursing there was much good nursing being done by Sisters and Deaconesses. These orders, because their work was already so admirable, were slow to establish training-schools of a more modern sort; but they have gradually fallen into line.

Roman Catholic Sisters of various orders founded hospitals, keeping pace with the spread and increase of population. The Mercy Hospital of Pittsburgh, Pa., was founded in 1847, the Mercy of Chicago, Ill., in 1851, and one in San Francisco in 1855. The Sisters of Charity have about two hundred hospitals. At the time of the Civil War the larger and better hospitals were those belonging to the Sisters. A certain amount of training was given in these institutions.

With the rapid development of hospitals there came a time when there were too few nuns to meet the demands, and sisters' hospitals opened their doors to the training of

[1] There were found to be 150,000 "practical" nurses.

secular nurses, along with or in addition to their own members. Among the first schools were those established in 1889 at St. Mary's Hospital in New York City and at the Mercy Hospital, Chicago, Ill.[1] In 1882 St. Vincent's



Fig. 39.—American Deaconess nurse. Miss Louise Golder, Head of Mother House at Bethesda Hospital, Cincinnati, Ohio.

Hospital, New York, and the Carney Hospital, Boston, opened schools.

The sisters and their lay graduates are active members of all the nursing associations, and take part in nearly

[1] This hospital is affiliated with the Northwestern University, and the nurses receive instruction from its professors.

all nursing movements. They have helped to put through registration laws.[1]

Protestant Sisterhoods have not been prominent in America—St. John's, All Saints, and St. Margaret's have been among the best known. The latter opened in 1881 the first private hospital in Boston, and since 1869 have nursed in the Children's Hospital of that city. In 1907 the hospital organized a secular training-school, which, under the sisters' direction, has become unusually good.[2]

Deaconess Nurses.—A number of the evangelical denominations have deaconess orders that maintain hospitals, though they have been slow to adopt modern methods. Pastor Passavant, whose first deaconess nurses came to Pittsburgh direct from Kaiserswerth, founded a hospital in Milwaukee, Wis., and one in Jacksonville, Ill. The Passavant Memorial Hospital of Chicago was founded in 1865, and its modern training-school was opened in 1898. St. Luke's, of New York, opened a secular training-school in 1888.

Church Hospitals.—There are many hospitals organized and supported by the various churches. While most of them make no religious requirements either for patients or nurses, they keep a high moral tone, and try to develop character and spiritual qualities in their schools.

Training for Men Nurses.—For many years certain hospitals took men in training along with women, though

[1] In June, 1915 the Superiors of several middle-west states formed the *Northwestern Sisters' Hospital Association.*

In 1917 the Catholic Hospital Organization was organized, and has become a flourishing society.

[2] This school requires its candidates to be high school graduates, sends them to Simmons College for their preliminary course, and gives them experience in four hospitals. It is one of the few schools that charge a tuition fee.

most of them gave the men a shorter course. Some of them did not call the men "nurses," but "attendants."

The Mills Training-School for Men, connected with Bellevue Hospital, New York, was established in 1888 and has been successful. It gives a two-year course, and calls its graduates attendants. If a third year is taken at McLean Hospital (for mental cases), Waverley, Mass., the graduates are given diplomas as nurses and are eligible for registration. Grace Hospital, Detroit, for a number of years gave a two-year course to men, graduating them as nurses. Battle Creek Sanitarium gives a three-year course to men who wish to qualify as nurses, and a two-year course to attendants, giving special attention to massage and hydrotherapy. The Boston City Hospital gives a two-year course to men, and grants a diploma as "male nurse." St. Vincent's Hospital and the Carney Hospital, both of Boston, train men nurses.[1]

Nearly all hospitals for the insane give courses to men.

In America the present tendency is to train fewer men as nurses, as it is generally believed that the public prefers women, except perhaps in alcoholic, drug, or venereal cases. In other countries the male nurse is still an established fact; and in countries where nursing is just beginning the male nurse for male patients appears to be necessary.

Colored Nurses.—Probably the first colored woman to graduate from a training-school for nurses was Miss M. E. P. Mahoney, who finished her course at the New England Hospital for Women in 1879. The first training-

[1] There is in Massachusetts an Association of Male Nurses founded in February, 1916 by Dr. David Howard Gibson, who is also a registered nurse, and who has done much to promote the interests of men nurses.

school for colored nurses was established in 1886 at Spelman Seminary, Atlanta, Ga. In 1891 the Provident Hospital of Chicago and Hampton Institute opened training-schools, while Tuskegee Institute started one in 1892.

There are fifteen or twenty hospitals for negroes, mostly in the South, which give full courses of training to their nurses. Lincoln Hospital, New York City, Mercy Hospital, Philadelphia, and Freedmans' Hospital, Washington, D. C., are notable northern examples.[1] In the Spanish-American War five colored nurses from Tuskegee served in Cuba; a male negro nurse was in the U. S. Army service in the Philippines.



Fig. 40.—Class of colored nurses. Mercy Hospital, Philadelphia, Pennsylvania.

[1] There are several hospitals owned, controlled, and staffed entirely by colored people.

Colored women appear to have many of the characteristics of the "born" nurse, and their generations of tradition in personal service especially fits them for this work. They have made good in private nursing, even among white people.

The National Association of Colored Nurses was formed in 1908.

THE TRAINING OF NURSES IN HOSPITALS FOR THE INSANE

Early Attempts.—Before Florence Nightingale began her work, Dr. Browne, of Crichton, England, Samuel Tuke, of England, and Dr. Jacobi, of Germany, had made attempts to train attendants for the insane, but had not been wholly successful. "The plan of teaching was too limited. The professional element in the work of nursing as a prospective means of livelihood was not made sufficiently important as a necessary and proper stimulus to undertake and adhere to a methodical course of study. No one offered a comprehensive course. All doubted that there was any place in the public service for an asylum-trained nurse."[1]

The First Asylum Training-school.—In 1879 Dr. Edward Cowles,[2] who was then Superintendent of the McLean Asylum at Waverly, Mass.—one of the most progressive insane institutions in the world—made a definite plan for a course of training which should include not only asylum and insane work, but general nursing as

[1] Report of McLean Asylum Training-School, 1889.

[2] Dr. Cowles has probably done as much for nurses as any man in America. He established the school at the Boston City Hospital under great opposition, and chose Miss Linda Richards for its head. We do not yet appreciate the full meaning of his work in establishing the school at McLean Asylum.

well. He already had one or two trained nurses in the institution.

Hospital methods were gradually introduced and class instruction begun, though the training-school was not formally organized until 1882, when a superintendent of

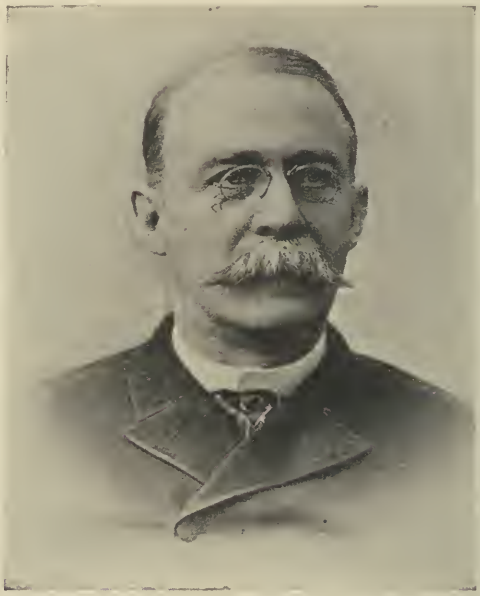


Fig. 41.—Dr. Edward Cowles. Founder of the first training-school for nurses in a hospital for the insane.

nurses was appointed who was a hospital graduate with asylum experience. In 1884 Miss Lucia E. Woodward was made head of the school, having before this spent some time with Miss Linda Richards at the Boston City Hospital. The first class that graduated, six in number, took over three years to complete its course; after that

the term was two years, and by 1889 included everything taught in general hospital schools.

Other Schools.—In 1883 Dr. Andrews began giving a course of lectures to his attendants at the Buffalo State



Fig. 42.—Composite picture of fifteen nurses, class of 1886, at McLean Asylum, Waverly, Mass. ("Century Magazine," November, 1887.)

Asylum, which in 1885 developed into a systematic course of training. Other early schools were in the asylums at Norristown, Pa., and Kankakee, Ill. The New Hampshire State Hospital began its school in 1889.

In 1895 there were thirty-eight training-schools reported in asylums, with about nine hundred graduates.

Difficulties.—The establishment of training-schools in asylums has been an extremely difficult problem. "One of the prime causes of the many failures was that no public demand had been created for asylum-trained nurses. Superintendents could not—and later did not when they could—set before the prospective pupil any future beyond that of moderately paid asylum work. The general hospital schools met a more obvious want."[1] The problem was to create a type of nurse that the public would want. A mere specialist in mental cases was likely to fail of employment. In 1916 nearly half the hospitals for the insane still had no training-schools for their nurses, but employed attendants, paid low wages, and maintained poor living conditions. On the other hand, those that were progressive were making rapid strides.

Bodily Versus Mental Nursing.—The schools which have solved the problem are those which have affiliated with general hospitals, and so have been able to give their nurses the double training of "bodily" and mental nursing.

It is the experience of asylum heads that nurses trained in general hospitals are not fitted for the care of patients who are ill mentally. "In the general hospital the pupil practices her art among patients who are expected to be obedient to her; it seems irksome to her to sit down and be a companion to patients who do not do as they are told. Her general hospital training has been wholly objective, and unless she has certain inherent qualifications she acquires a dislike or an unfitness for the care of mental patients—and also for a great deal of the work which is

[1] Report of McLean Asylum Training-School, 1889.

done in private families."[1] We shall do well to ponder the last clause of this quotation.

Pioneer Nurses in Asylum Training.—A few women known in the world of general nursing have seen the possibilities and the importance of training in the care of mental cases, and have set themselves to rescue it from the disrepute into which it has fallen for so many centuries. In future years their work may be regarded comparable to that which took bodily nursing out of the hands of the lowest classes and put it into the hands of one of the highest.

The work of Miss Woodward above mentioned; that of Miss Sara E. Parsons, graduate of Massachusetts General and McLean Hospitals, who organized the training-schools at Butler Hospital, Providence, R. I., at the Sheppard and Enoch Pratt Hospital, Towson, Md., and others[2]; of Miss Cleland, of Butler Hospital, and of Miss Linda Richards, have not yet been appreciated. Miss Richards, after 1900, organized or reorganized the schools at the Taunton (Mass.) Asylum for the Insane, the Worcester (Mass.) Hospital for the Insane, and the Michigan Asylum for the Insane (at Kalamazoo). Her schools included both men and women.[3]

The Field of Psychiatric Nursing.—Attention to the care and cure of mental cases is in its infancy in America, being far behind such work in France and Germany. Our doctors and hospitals are only beginning to interest themselves in the subject. The Psychopathic Hospital of Boston, opened in 1912, and the Psychiatric Clinic at

[1] Report of McLean Asylum Training-School, 1901.

[2] She is, since 1910, head of the training-school at Massachusetts General Hospital, Boston.

[3] In 1911 she was made Superintendent of Nurses Emeritus of Taunton Asylum.

Johns Hopkins, Baltimore, are helping to educate both the public and the nurses. The National Committee for Mental Hygiene has begun a campaign of information and publicity in regard to the prevention and curability of mental troubles. Out-patient departments are being es-



Fig. 43.—Miss Sara E Parsons.

tablished in asylums; and every year a greater number of "voluntary" patients go into institutions for mental cases.

There is a large and hitherto almost unrecognized field for nurses in psychopathic work. Such nursing demands

—far more than does ordinary hospital routine—broad training, keen insight, catholic sympathy, and a real social consciousness. It may take us years to come to it, but we shall, perhaps, in time see that mental nursing is higher, more difficult, and more worth while than bodily nursing can ever be.

Physicians are coming to recognize the value of mental treatment in bodily disease, and there is probably a time ahead of us when nurses will find the value of psychology and psychotherapy in every case of illness or surgical operation. It is a wonderful new field which invites the nurse's study.

Nurses in Occupational Therapy.—This branch of medicine, though very old in its application, was not developed as a science until about the time of the World War. Miss Susan E. Tracy, a nurse and hospital superintendent, was one of the first to seriously undertake to teach it. In co-operation with Dr. Daniel Fuller, at the Adams Nervine Asylum, Boston, she began in 1906 to give a course in it to pupil nurses as a part of their regular training. The idea became popular and a number of hospitals took it up.[1] The Neurological Institute of New York has had a postgraduate course in occupational therapy since 1910. Nurses in general have not realized that this was an important part of nursing, and it has fallen into lay hands very largely. It will eventually

[1] Some of the hospitals which first taught occupational therapy to their nurses were the following: Newton (Mass.), Boston City; Children's, Boston; Somerville (Mass.); Gilbert, Gloucester (Mass.); Springfield (Mass.); House of Mercy, Pittsfield (Mass.); Battle Creek Sanitarium (Mich.); Michael Reese, Chicago; Presbyterian, Chicago; Grace, Detroit; Harper, Detroit; Children's, Detroit; Minnesota, Minneapolis; Children's, Chicago.

come back to nursing, it is hoped, where it logically belongs.[1]

SUMMARY OF IMPORTANT POINTS

The founding of the first four training-schools for nurses marked an era in the history of America. They created a profession that has now become indispensable.

It is important to remember that trained nursing is still in a formative stage.

In 1883, after ten years, there were but twenty-two schools for nurses. In the 90's they multiplied rapidly. In 1911 there were 1100 schools reported, and the number was doubtless considerably greater.

The religious orders—the Roman Catholic sisterhoods, Protestant sisterhoods, and deaconesses—established many of the early hospitals and did superior nursing. They were slow in modernizing their work and in founding training-schools because their work was already so good.

Church hospitals of all denominations are numerous, and usually pay marked attention to character development in their nurses.

There are a number of flourishing training-schools for men nurses, especially in hospitals for the insane. The tendency is, however, to displace men nurses by women.

There are fifteen or twenty hospitals which give full courses to colored nurses, some of them being entirely controlled by negroes.

The first training-school in a hospital for the insane was founded at McLean Hospital, Waverly, Mass., in 1882. Such schools were gradually opened in other asylums, there being thirty-eight in 1895.

[1] The nursing headquarters for this work is at 818 Centre St., Jamaica Plain, Mass.

Mental nursing covers a broader field than does mere "bodily" nursing, but the fact has not yet been generally recognized.

Psychiatric nursing is just beginning in America, and it will probably be many years before it is developed. The new and wonderful field of psychotherapy—mental healing—has hardly been made known to nurses.

Occupational therapy, a valuable curative agent, was first taught systematically to nurses by Miss Susan E. Tracy, of Boston.

CHAPTER XII

THE DEVELOPMENT OF TRAINED NURSING IN AMERICA (Continued)

Organization.—Hospitals, from the very nature of their work, tend to grow self-centered. The nurse in training, just because her work is all-absorbing, loses touch with the outside world and knows little of nurses even, except those of her own school; if she remains in hospital work, her isolation is likely to continue; if she goes into private nursing, she finds little time to become acquainted with other nurses or to know their interests, and it is easy for the isolation to continue. So, for a long time, few nurses thought it either possible or desirable to attempt to co-operate with other nurses.

The first attempt of American nurses to get together in a formal organization was doubtless the *Philomena Society*, started in New York in 1886. It lasted only about a year, and we have no record of its work.

The first permanent societies of nurses were alumnæ associations. Some of the earliest to be organized were:

Bellevue, New York, organized 1889.

Illinois Training-School, Chicago, organized 1891.

Johns Hopkins, Baltimore, organized 1892.

Massachusetts General, Boston, organized 1895.

Boston City, organized 1896.

These societies helped the nurse to work for her own school and with the nurses who belonged to it, but did not bring her into the broader field. Nurses were still self-centered.

The first general meeting of the nurses of the United States was the Nursing Section of the Congress of Hospitals and Dispensaries, held at the World's Fair in Chicago in 1893. The suggestion for such a meeting probably came from Mrs. Bedford Fenwick of England. Dr. John S. Billings, of Chicago, made the arrangements, and



Fig. 44.—Mrs. Isabel Hampton Robb.

Miss Isabel Adams Hampton, of John Hopkins Hospital, Baltimore, was chairman.[1]

[1] Isabel Adams Hampton, Canadian by birth, graduated from Bellevue Hospital in 1883, and spent two years in Italy. In 1886 she became Superintendent of Nurses at the Illinois Training-School, Chicago, and in 1889 took a similar position at John Hopkins Hospital, Baltimore, which school she was largely responsible for placing

This Congress showed that American nurses were ready to co-operate. Papers on topics of common interest were read by Miss Hampton, Miss Edith Draper, Miss Alston, Miss Irene Sutliffe, and other women. Miss Nightingale sent a paper and Mrs. Fenwick spoke. The need of a national union was urged.

In January, 1894, as a direct result of the Congress, the *American Society of Superintendents of Training-Schools* was formed. Its first president was Miss Alston. In 1911 the name of the organization was changed to *National League of Nursing Education.* In 1922 there were 700 members.

In 1896 there was formed a general society of graduate nurses,[1] called the *Nurses' Associated Alumnæ of the United States and Canada.*[2] Mrs. Isabel Robb (*née* Hampton) was its first president. In 1912 the name of the organization was changed to *American Nurses' Association.* In 1918 it was reorganized, and during the next two years ten thousand nurses joined, making a membership in 1922 of about 40,000. In 1920 a national headquarters was established in New York, and is a center for every phase of nursing.[3]

After 1900 state associations began to be formed. Nearly all of these had as their primary object the obtaining of registration laws. All the states were organized before 1920.

Nurses have now found not only the pleasure of know-

in its high rank. She married Dr. Hunter Robb in 1894, but remained active in nursing matters until her death in 1910. She was the author of *Nursing* and of *Nursing Ethics.*

[1] The idea originated with Annette Sumner Rose, editor of the "Trained Nurse and Hospital Review."

[2] Canada formed her own association in 1907.

[3] The present address is 370 Seventh Ave., New York City.

ing each other, but the value of co-operation. They see the power of concerted effort, not only in gaining what they want for themselves, but in wielding an influence over the life of the country. None of the organizations may yet be regarded as mature, but they are finding themselves with commendable rapidity.

State Registration.—The medical profession long since came to feel that it should protect the public against quacks and imposters, and to this end devised state registration, whereby every would-be practitioner should be compelled to pass an examination and to receive a license before he could do his work. It was inevitable that nurses should feel the need of similar protection. They have, therefore, devised a state registration along like lines.

Both nurses and doctors have had many struggles with the question of registration. They have had to convince both the legislators and each other of the need of registration. They have had long and hot discussions over the details of laws and rulings.

In England the fact of nurses' registration itself has been the bone of contention, one party holding that it was advisable, even necessary; the other maintaining that it was undesirable, even harmful.

In the United States the value of registration has been little questioned, and the discussion has been over the form and content of the laws. Most of the states now have registration laws, hardly any two of them alike. These various laws certainly furnish basis for experiments which should enable us to arrive in time at some very definite conclusions.

(A fuller account of the matter of registration will be found in Chapter XV.)

The Broadening of the Nurse's Field.—Even at first three divisions of nursing were recognized:

Hospital nursing.
Private duty among paying patients.
Visiting nursing among the poor.

Hospital nursing has unfolded in marked ways. The number of hospitals in proportion to the population has increased, special hospitals have multiplied, refinements in hospital nursing have been demanded, and the nurse's place in hospital life has become greater than perhaps even Florence Nightingale dreamed. Several different classes of hospital nurses are now recognized, and many specialties have developed, such as work with children, contagious cases, maternity, eye and ear, nervous and insane, chronic cases, and so on. It is impossible for any one nurse to be an expert in all these classes of hospital nursing.

Private Nursing.—Despite the great growth of hospitals, there has been an increased demand for nurses in private homes. The great army of graduate nurses still find private duty their field. Private nurses have also specialized in order to keep up with the practice of physicians. There is still, however, a large place in the community for the all-round nurse, the one who can make a patient comfortable bodily and mentally, who can stand beside the physician and fight death or disease with judgment and faithfulness, and who can be a source of strength to the family. Despite its criticism of unworthy or careless members of the profession, the public knows its need of the trained nurse in the home. There is a *Private Duty* section of the American Nurses' Association. It held its first meeting in 1914.

Visiting nursing began in this country, as it did in England, when philanthropic societies sent nurses among the poor, to go from one patient to another, doing what they could to make them comfortable, and teaching the

families to render proper care in the interval between their visits. In surveys which have been made since 1900 it has been found that only about 10 per cent. of all sick people are cared for by a trained nurse in their homes. Another 10 per cent. go to hospitals. This leaves 80 per cent., four-fifths, of all acute illness cared for by relatives or untrained nurses, and indicates the very great need of some new form of visiting nursing.

In 1877 the Women's Branch of the New York City Mission put a nurse at work among the poor; the same year the New York Society for Ethical Culture had a visiting nurse connected with a dispensary. Boston and Philadelphia are credited with starting similar work about the same time.

The idea developed slowly. In some cities the work was begun with one nurse paid by an individual; in others, she worked under a committee or society; in others, a definite organization was effected for this particular purpose; in a few instances a nurses' association has undertaken the work. In all cases there was, of necessity, a body of people standing back of the project, supplying funds for salaries and supplies.

Some of the earlier visiting nurses' associations were as follows:

Albany (N. Y.) Guild for the Care of the Sick Poor grew out of the Fruit and Flower Mission, which was established in 1880.

The Chicago Visiting Nurse Association was established in 1890.

The Kansas City Association in 1891.

The Buffalo (N. Y.) Association in 1892.

The Denver, Colo., Flower Mission employed one nurse in 1892, though the association was not formed until 1900.

The St. Louis Association in 1895.

In 1890 there were twenty-one visiting nurse associations in the United States, most of them employing only one nurse. From about 1894 the work grew more rapidly, and since 1905 the spread of the idea has been remarkable. The rate of growth has no doubt been indicative of the trend of events, and of the developing social consciousness of the nation.

Visiting nursing is now a firmly established institution. Cities, towns, and rural communities have seen their need and have put nurses into the field. Most of the great movements for social betterment have required nurses. The antituberculosis movement has taken many[1]; the infant welfare movement and the pure milk movement, many more; life insurance companies are using district nurses among their policy-holders[2]; while the National Public Health Association has recently outlined a tremendous program for the visiting nurse.

The National Organization for Public Health Nursing, including all sorts of district nurse work, was organized in 1912.

[1] For example, the city of Boston employs about twenty nurses for work among the families of tuberculous patients who are in the city or state sanitariums.

[2] The Metropolitan Life Insurance Co. in 1909 conceived the idea that the establishment of a visiting nurse service among its policy-holders might prevent serious illnesses and thereby save some deaths. The company consulted Miss Lillian Wald, of New York, and made a three months' trial of the plan. Before the year was out they had established the service in New York, Washington, Baltimore, Boston, Cleveland, St. Louis, and Chicago. The company pays for the nurse's services, and makes her work a part of the benefits to their policy-holders. It is a purely business enterprise, and while it has saved money to the company, it has also saved lives to the community. The work has been extended to over one thousand cities in the United States and Canada.

Miss Harriet Fulmer, of Chicago, did much toward developing visiting nursing in the West. Miss Edna Foley also did important work. Miss Mary L. Beard, of Boston, has done much to enlarge and deepen the sphere of visiting and public health nursing. Miss Ella Phillips



Fig. 45.—Miss Mary L. Beard of Boston.

Crandall, long secretary of the National Organization for Public Health Nursing, has been one of the most prominent and efficient women in the service.

Training for District Work.—Boston, New York, Philadelphia, Baltimore, Richmond, Va., Cleveland, and Chicago give training in visiting nursing in their asso-

ciations. Boston's courses are typical of the best that is being done in this line. A two months' course is given to pupil nurses from the hospitals, being designed to furnish merely an insight into the work, not a full training; the regular four months' courses gives practical work under supervision and fits a nurse for ordinary visiting work; the



Fig. 46.—Miss Lillian D. Wald.

eight months' course, begun in 1914, is quite extended, including classes at Simmons College and the School of Social Science, taking up such subjects as sanitation and preventive medicine, and giving practical experience in social work.

The Teacher's College of Columbia University, New

York, also gives a course in visiting nursing, with field work at the Henry Street settlement.

Nurses' Settlements.—With visiting nursing established and settlement work coming into general notice, it followed naturally that nurses themselves should organize similar enterprises.

The first nurses' settlement was the now well-known one in Henry Street, New York City. In 1893 Miss Lillian Wald, a graduate of the New York Hospital, without any knowledge that such endeavors were being made elsewhere, persuaded a class-mate, Miss Mary Brewster, to go into the tenement district to live and work. From this informal start there has developed a remarkably well-organized settlement house, with all sorts of activities for the betterment of life among the poor. Students from Teacher's College take their field work here, and nurses from all over the country come for experience and training. Miss Wald herself has become an authority upon many matters connected with social service.[1]

Miss Cabaniss and Miss Minor started a nurses' settlement in Richmond, Va., in 1900, which has helped to organize the Visiting Nurse Association, the Associated Charities, the Tuberculosis Association, the Playground Association, and to develop school nursing.

Miss Octavine Briggs began settlement work in San Francisco about 1900, and in 1903 Miss Elizabeth Ashe started a second settlement there in the district known as Telegraph Hill. These settlements have had among

[1] "She has come to be called into consultation with one city administration after another, has sat on varied public commissions, counselled with a governor about the immigrant, interfered successfully with a president and his cabinet in behalf of a Russian refugee, and addressed a committee of Congress. The suggestion of the Federal Children's Bureau was hers."—Nutting and Dock's "History of Nursing."

their interests school nursing, tuberculosis work, dispensaries, day nurseries, and tenement inspection.

Miss Margaret H. Pierson established in Orange, N. J., in 1903 the Visiting Nurses' Settlement. It gives a course in visiting nursing, maintains a diet kitchen, a milk station, a first-aid room, has a night nurse on call, and provides public lectures on health and nursing.

In the class with settlement work may be put the labors of Miss Lydia Holman in the North Carolina mountains. She at first worked alone as a missionary nurse in wild districts, and now has a well-developed hospital and nursing service.

There are a number of other nurses' settlements, and there is nearly always in settlement work a large place for nurses.

School nursing was begun in England in 1892. Its excellent results were quickly seen, especially in the reduction of contagious diseases. Miss Lillian Wald was familiar with the work in England, and brought its advantages to the notice of the health office of New York City.

New York took its first step in having its school children inspected by doctors, but found it largely inefficient because there was no follow-up work. In 1902 the city made the experiment of the school nurse with Miss Lina L. Rogers of Toronto. The result was most satisfactory.

From that time school nursing spread throughout the country. Philadelphia, Baltimore, Chicago, and other cities took up the work and found it a success. Nearly all of them made the mistake of beginning with a doctor rather than with a nurse; but experience soon proved that a nurse working alone in the inspection of school children gets results two or three times as great as a doctor working alone. The reason for this is that the nurse follows her findings with personal visits and practical instruction

to the mothers of the children; whereas a doctor merely recommends and has no means of seeing that his recommendations are even considered.

At the present time nearly every town of any size employs one or more school nurses. Their practical value to the community is daily demonstrated in the reduction of absence from illness and in the control of epidemics. Several excellent postgraduate courses in school nursing have been established.

Nursing in the Spanish-American War.[1]—When the United States declared war with Spain April 21, 1898, the regular army consisted of only 25,000 men. All its nursing was being done by the enlisted men of the Hospital Corps, who were given a certain amount of training by the medical officers. The enormous war increase in the size of the army caused a corresponding increase in the Hospital Corps, almost all the new men being, of course, ignorant of nursing.

The Surgeon-general of the Army, George M. Sternberg, although opposed to having women with an army in the field, believed that they would be needed as nurses and dietitians at base and general hospitals. He therefore obtained authority at the very outset of the war to appoint both men and women nurses as civilian employees, under contract, and to pay them $30 a month, with rations, quarters, and traveling expenses. He also planned a hospital ship which should have six women nurses on board.

Before the war was a week old Dr. Anita Newcomb McGee, realizing the situation, secured the support of the National Society of the Daughters of the American

[1] This account of nursing in the Spanish-American War was written largely by Dr. McGee and has the approval of the executive committee of the Spanish-American War Nurses' Association. It is, therefore, an official statement.

Revolution,[1] in a plan to examine all applications received by the government from women, and from these to supply both the Army and the Navy with suitable women nurses as they were needed. This offer was immediately accepted by the Surgeons-general of both services, D. A. R. committees were formed, and the applications were sent to Dr. McGee, who was left free to make her own standards.

Dr. McGee was not a nurse, but her standards were wise. She required (1) Graduation from a training-school for nurses, with endorsement by the school superintendent, such endorsement being obtained by direct inquiry and not through the applicant. (2) Additional recent endorsements of personal character. (3) Evidence of good health.

During the time this volunteer work was continued, *i. e.*, until September 6, 1898, 1081 nurses were selected and appointed. Besides these, about one hundred women went directly, when the work was heaviest, to certain of the largest camps where the Chief Surgeons were given authority to employ help without reference to Washington. A few of these women were not graduate nurses, but such were retained for only a very brief time. There were also thirty-two "immunes" selected by an agent in the south for temporary service in Cuba, women who had had yellow fever and generally at least some experience in nursing. (Under orders from the Secretary of War the D. A. R. committee also supplied sixteen immunes, though obliged to break its rules in some of these appointments.)

There were also 400 male nurses, graduates or experienced, employed during 1898 by the Surgeon-general directly or through his officers, on the same terms as the women nurses, but entirely independent of them and usually serving in other hospitals.

[1] She was a Vice-president General of the D. A. R.

The United States Navy also employed men nurses. There were a few women graduates admitted for a short time to two of its shore hospitals; they served without official appointment or pay.

Immediately after the annual meeting of the Nurses' Associated Alumnæ of the United States Mrs. Hampton Robb, its president, went to Washington and offered to supply the Surgeon-general with nurses, but only on condition that all other applicants be refused. She was referred to Dr. McGee, who immediately accepted the offer, and promised preference to these nurses. There arose, however, the difficulty that the Associated Alumnæ at that time included only twenty training-schools; this in the face of the expected demand for nurses made it impossible to agree to such a limitation.

There were in all about eighteen bodies that sought to furnish the Army with nurses. Some were religious orders, notably the Sisters of Charity, of whom two hundred served for short periods. An important organization which offered help was that known as "Auxiliary Number 3 to the Red Cross Relief Committee of New York." All these offers were accepted on conditions agreed to by all, viz., that no nurse below Dr. McGee's standard be accepted; that all nurses should fill out the uniform application blanks; and that all should sign army contracts. Much stress was laid upon having women enter the army with the dignified legal right to render service worthy of payment and of honorable recognition and record.[1]

[1] The application blanks gave no clue as to their origin, and many nurses were therefore unaware of their relation to the D. A. R. board. This gave rise to the idea that no general plan was being followed, and was the cause of some of the complaints against the Surgeon-general.

Meantime there had arisen much general criticism of the medical department of the Army, due, in regard to nursing, mainly to misunderstanding and to a report that the Surgeon-general was opposed to having any women nurses in army hospitals. Auxiliary No. 3 itself, not knowing the facts at the beginning, commenced by collecting a large sum of money for the maintenance of nurses, by enrolling all women who applied in New York, and by trying to send independent parties into army hospitals. In July, after the organization's officers became cognizant of the facts, they conformed to the established methods. They secured the help of prominent New York nurses in enrolling the most desirable women, and used their funds in ways which were of great benefit to army nurses and hospitals.

The period of great medical activity of the war, which was between the middle of August and the end of September, 1898, began with the outbreak of fever among the troops in Cuba, and was continued by a very severe epidemic of typhoid in the army scattered over the eastern part of the United States. The volunteer medical officers had no military knowledge, those of the regulars had never handled large bodies of men, and had naturally much difficulty in controlling the situation. In some conspicuous instances they postponed asking for women nurses until the high mortality and enraged public opinion forced the issue and made them wire to the Surgeon-general for scores or hundreds at a time. The number of graduate nurses in the country was insufficient to meet both military and civilian demands for care. The camp most criticised was that at Montauk Point, Long Island, New York, which had been hastily improvised for the reception of sick soldiers transferred suddenly from Cuba. During its brief existence it had six hospitals at which

three hundred nurses (twenty of whom went there independently of the Medical Department) served for a few weeks. Another large camp, composed of several hospitals, was at Chickamauga Park, Georgia, and still another at Jacksonville, Florida.[1]

Between the first appointments, May 10th and the close of the year 1898, nearly seventeen hundred women had seen service in the army. They had worked on three ships and at forty-two places, nine of which were camps containing several hospitals each. Most of the stations were on the Atlantic coast, others were in Cuba, Porto Rico, San Francisco, Hawaii, and the Philippines. Thirteen nurses died in the service in 1898, mostly from typhoid; five of these were Roman Catholic sisters and three were immunes.

These Army nurses invariably won the esteem and recognition of the officers and men. In the end their warmest supporters included the surgeons who had originally been most prejudiced against them. The continued employment of women as army nurses is undoubtedly due to the skill and devotion which they showed at the time of the Spanish-American War.

Organization of the Spanish-American War Nurses.— The nurses who had served in the United States Army during the Spanish-American War formed an unofficial organization in the year 1900. The idea originated with Dr. McGee, who was president of the association for six

[1] Among the chief nurses who did signally fine work in these hospitals were the following: Misses Armistead, Charlton, Cowan, Dryer, Forsyth, Gaddis, Gladwin, Gottschalk, Hasson, Hearven, Hibbard, Hodson, Hughes, and Kilroy, Mrs. Lounsbury, Misses McCloud, McEvoy, Macdonald, Maxwell, Parkes, Porteous, Reed, Robbins, Tweed, Walton, Walker, and Waters, and some of the Catholic sisters.

years and is now honorary president for life. There were about six hundred members.

The Army Nurse Corps.—At the height of the Spanish-American War, when the Surgeon-general found that the number of nurses was becoming far greater than he had anticipated, he realized the need for systematic supervision of the whole work. On August 29, 1898 he appointed Dr. Anita Newcomb McGee as Acting Assistant Surgeon in the Army, and placed her officially in charge, directly under him, of all matters relating to women army nurses.[1] The official records of the Army now state that she "served as Superintendent of the Army Nurse Corps,



Fig. 47.—Spanish-American War Nurses' Pin.

being assigned to duty to organize it and select nurses for service therein."

Dr. McGee at once began the organization of the Army Nurse Corps in all its details. The United States Army was therefore one of the first in the world to have a permanent corps of trained women nurses not belonging to religious orders. In 1899 and 1900 the organization of the corps was perfected, being put into a form unmodified for many years. The nurses' pay was raised; a uniform and badge prescribed; reserve nurses were

[1] She continued the work she had been doing in selecting and appointing nurses under the D. A. R. board, but that board was soon dissolved.

provided for, and burial in the military cemetery at Arlington, Va., was authorized.

In 1899 a committee from the Nurses' Associated Alumnæ presented to Congress a bill for the establishment of a permanent Army Nurse Corps, but were unable to get it passed. When the Army Reconstruction Act following the war was framed a section of it was made to provide that the Nurse Corps be a permanent part of the army. This was passed in February, 1901.

Dr. McGee resigned as superintendent of the Army Nurse Corps December 31, 1900, and her assistant, Mrs. Dita H. Kinney, was appointed in her place, remaining in charge until 1910. She was succeeded by Miss Isabel McIsaac, Miss Jane Delano, and Miss Dora E. Thompson. Miss Julia C. Stimson was made superintendent at the close of the World War, and given the rank of Major.[1]

In 1900 there were about two hundred army nurses, but in later years only about one hundred remained in the service. In 1916 the Corps numbered one hundred and fifty. After America entered the European War the number increased rapidly, until it reached ten thousand. One-third of these women have served overseas. Those in home service have worked in over one hundred hospitals situated in various parts of the United States. In 1920 the Corps numbered two thousand nurses.

The Army School of Nursing.—Miss Annie Goodrich[2] was the originator of the plan for an army school of nursing. It was begun as a war measure, but was designed to be also a permanent organization. The plan was approved

[1] She is the only woman in the United States who has that rank.

[2] Miss Goodrich has long been connected with Teacher's College at Columbia, in its department of Nursing and Health; she has also worked at the Henry Street settlement.



Fig. 48.—Class of 1921, Army School of Nursing. (Courtesy of The Modern Hospital Publishing Co.)

by the Surgeon-general in May, 1918, and the school at once begun. The course was three years, nine months credit being given to college graduates; the work was in the army hospitals, with affiliations in civilian hospitals. Coming as it did at the height of war enthusiasm, the applicants numbered thousands, about half of whom were



Fig. 49.—Miss Anne Goodrich. (Courtesy of Lakeside Publishing Co.)

found eligible. At the close of the first year, the war having ended, there were about 750 actually in training.

The first graduating class, that of 1921, numbered five hundred, four hundred graduating at the Walter Reed Hospital, Washington, D. C. and one hundred at Letterman Hospital, San Francisco, Cal. It was unquestionably the largest class of nurses ever graduated at one time in the world's history, and it will doubtless

be many years before another such graduation is seen. The school is continued, but with smaller classes.

The Navy Nurse Corps.—In 1903 Medical Director Boyd attempted to get a bill through Congress establishing a Navy Nurse Corps, but failed. Another bill, with different provisions, was pushed through in 1908 by the efforts of Admiral P. M. Rixey. The first Superintendent of Nurses for the Navy was Miss Esther V. Hasson. She was succeeded by Miss Lenah S. Higbee.

Upon America's entrance into the European War the Navy Nurse Corps numbered 165. Before the armistice its numbers had risen to 1285.

Most of the actual nursing in the Navy is done by the Hospital Corps men, who are required to take six months' training in Hospital Corps schools, supplemented by subsequent training given by the nurses of the hospitals.

Nurses are sent during their first year of service to one of the twenty-one stations in various parts of the United States. For the next two years they are usually given foreign service. "There is a navy station at Guam, one in the Philippines, at Samoa, and at St. Thomas' in the Virgin Islands. At these places the navy nurses have done little less than wonders. Under the direction of the medical officers they have developed dispensary and social service work at Cavite and Canacao; have trained the Chamorro nurses and midwives of Guam; have taught the Samoan women to nurse, especially to do district work; and have recently undertaken to make trained attendants out of the native women of the republic of Haiti."[1]

Household Nursing.—Ever since the advent of the trained nurse thoughtful persons have felt that it should be made possible for every sick person to have skilled care.

[1] Quoted from an article published in "Sea Power," February, 1918.

The graduate nurse promptly furnished this care to the well-to-do, and the visiting nurse organizations and free hospitals have now pretty well covered the case of the poor. For years, however, it has been recognized that the great middle class was neglected; that people whose incomes covered only a comfortable living for themselves and their families could not afford a graduate nurse; that they often could not or would not go to a hospital, would not accept charity, and so were practically unprovided for in serious illness.

Various schemes were suggested to relieve this condition, but none appeared to be practical.

Household nursing, initiated and organized by Mr. Richards T. Bradley of Boston, is now furnishing what appears to be a solution of the problem, and is meeting with the approval of nurses, doctors, and the public. An account of it will be found in Chapter XIX.

SUMMARY OF IMPORTANT POINTS

The first organizations of nurses were alumnæ societies. They began late in the 80's. These brought into closer touch the nurses from individual schools, but did not affect the whole nursing body.

The first attempt of nurses to co-operate in any large way was at a meeting held in 1893 at the World's Fair, Chicago. As a result of this meeting the Society of Superintendents of Training-Schools was formed in that same year.

The Nurses' Associated Alumnæ was organized in 1896.

After 1900 state associations began to be formed, most of them having as their chief object the obtaining of registration laws.

State registration has been pushed until it now obtains in nearly all of the states.

At the beginning three fields for nurses were recognized, hospital nursing, private duty, and district nursing. Each of these has broadened its field greatly.

District nursing among the poor began early, but did not become definitely organized until about 1880. The idea developed slowly until about 1895, and the greatest growth of visiting nurse societies has been since 1905.

Special training for district nursing is now available in several cities, Boston probably giving the most elaborate courses. It is also taught at Teacher's College, New York.

Insurance nursing presents an interesting and worthwhile field.

There are several nurses' settlements among the poor, the oldest and largest being the one at Henry Street, New York City. Miss Lillian Wald, the founder and head of this, has become a figure of national reputation.

Public school nursing was begun in New York City in 1902. Miss Lina L. Rogers organized the work. She afterward did the same service in Canada. School nursing spread rather rapidly and is now an established fact in most cities.

In the Spanish-American War many organizations offered to furnish nurses to the Government. The Surgeon-general at first gave the matter of their appointment into the hands of Dr. Anita Newcomb McGee as head of a committee of the Daughters of the American Revolution. Later Dr. McGee was appointed superintendent of all nurses serving in the war, and began to develop an Army Nurse Corps.

There was much yellow fever and typhoid among the troops in Cuba and United States, and far more deaths from preventable disease than from wounds. This occasioned much public criticism; but conditions were soon remedied.

Some untrained women served, but the greater number were accredited graduates.

The three principal hospital stations were Montauk Point, Jacksonville, and Chickamauga. Nurses were also sent to Cuba and Porto Rico.

The Spanish-American War nurses organized in 1900.

Organization of the Army Nurse Corps was begun in 1898. It was perfected later, and in 1901 made a permanent part of the army.

The Navy Nurse Corps was organized in 1908. Its members are doing public health work in several of our outlying possessions. During the World War it numbered ten thousand.

The Army School of Nursing, planned by Miss Annie Goodrich, was begun in 1918. Its first graduating class was the largest in the world's history, numbering five hundred.

Household nursing is an attempt to provide skilled nursing for people of moderate means. It is a new movement, but appears to be practical and effective. It was set on foot by Mr. Richards T. Bradley.

CHAPTER XIII

THE DEVELOPMENT OF TRAINED NURSING IN AMERICA (*Concluded*)

We are still in the midst of hot discussions concerning both the fundamental principles of trained nursing and the details of its practical working out. There are many questions, great and small, that are still unsettled, in regard to which we must try to keep an open mind. Trained nursing is just entering its second generation, and with so small an experience behind it must endeavor to keep abreast of the world problems that are coming upon us so fast.

Fear of Overtraining.—As early as 1876 doctors began to take alarm at the training of nurses and to see in it a danger. In that year a Philadelphia physician wrote: "The error has been committed in some schools of carrying the training so high as to develop a nondescript official, not a doctor, yet more than a nurse; unequal to great emergencies, yet too learned for the inevitable drudgery of the sick room. Thus, at St. Thomas', pupil nurses are taught to dress wounds, to take accounts of cases, make and apply bandages, are required to hear lectures on anatomy, physiology, pathology, and chemistry. One could hardly expect them to submit to directions."

A similar fear was often voiced by physicians, but they have found the fear groundless. They see that knowledge of medical science does not make a nurse less obedient to orders, and that the professional nurse is not a menace

to them, but a help. Yet even now an occasional vigorous discussion arises when some well-known doctor asserts that a "practical" or partly trained nurse is as satisfactory as one fully trained.

The Educational Idea.—Most of the pioneer training-schools were concerned chiefly with teaching nurses enough to make them efficient in the all-round care of a patient. To this routine work was sacrificed the nurse's whole time, always her social life, often her health. To get the work of the hospital done was sometimes the uppermost thought in the minds of those at the head of training-schools, and the nurse's own progress and development was a secondary consideration.

As the possibilities of trained nursing began to be seen, it dawned upon some of the more observant that this close attention to routine work and the preponderance of manual labor was defeating its own object, and was producing a type of nurse who was a good worker, but who lacked breadth of view and a realization of her own powers; that this sort of training was not preparing nurses who could take their places in the big field which was before them.

So there came gradually into the nursing world the idea that nursing could be a true branch of education; that it could be classed with the professions; that a more intellectual type of woman was desirable in some of its divisions.

The idea appealed to certain minds, and a great deal has been said and done in an effort to require more schooling before a nurse begins her training in the hospital. In 1911 there were ten nurse training-schools connected with colleges requiring that their probationers be high school graduates; and six universities were giving nurses training. In 1920 there were but three states which did not require

that probationers have had at least a year of high school work before entering; nearly one-third of the schools of the country were requiring a full high school course.

University Training-schools.—The first school to lay stress upon the educational side of nursing was Johns Hopkins. It has demanded and attracted the intellectual type of woman, and has made a point of giving preparation for executive work. The University of Texas, about 1893, made the Superintendent of Nurses in the John Sealy Hospital of Galveston (where the University medical students had their work) a professor in the University, thus trying to draw the nurses up to a more intellectual viewpoint. In 1909 Dr. Richard O. Beard, of the University of Minnesota, brought forth a plan in which nurses' training was made a branch of college work. His scheme was tried out at the University of Minnesota Hospital. In 1920 the Connecticut training-school at New Haven affiliated with the Yale University School of Medicine. There are now about twenty-five universities which give full courses in nursing, and in the United States Government Bulletin of 1920 there are 180 nurses' training-schools reported as having college affiliations.[1]

Education Pro and Con.—The opponents of placing nursing on a high educational plane contend that the average nurse does not need college training; that her work is satisfactory without it; that often the intellectual type of woman makes a poor nurse in actual practice. The advocates of education contend that the more a woman knows, the better her work will be and the more possibilities it will have.

The truth lies, perhaps, between the two extremes, and

[1] In 1916 Johns Hopkins University began a movement to raise $500,000 as an endowment for its nurses' training-school; this was in direct line with Florence Nightingale's teaching.

in a recognition of the fact that not one but several types of nurses are needed in the life of the country. There must always be the large class of nurses who are only workers, and to whom nursing is largely manual labor. There likewise must be the trained teacher and leader, a woman with a large grasp of professional problems. Different types of schools must produce the different types of nurse.[1]

Accredited Schools, Standard Curricula.—Early in the twentieth century the state of New York established certain standards for its training-schools. Since most of the states had no registration laws and no boards of examiners at this time, it gradually became the custom for schools in other states to apply to New York for registration, thereby enabling them to prove that they were meeting the requirements of at least one group of nursing authorities. This custom still continues, and "registered in New York" means maintaining proper conditions and giving satisfactory training.

In 1918 the American Nurses Association issued a list of accredited training-schools. This gave a considerable

[1] **The Correspondence School.**—With the growing popularity of certificated nurses, it was inevitable that there should spring up schools which offer a short cut to success. The most popular of these substitutes for hospital training has been the correspondence school, in which the instruction is entirely theoretic and given by correspondence, any practical training and experience being gotten as best it may be. The course takes from six to nine months' time, and the results are not very satisfactory. Nursing is so essentially a practical matter, and the theory so small a part of it, that it could hardly be otherwise. Such courses are makeshifts, which doubtless prove of help to women who are over age for hospital training, and to some others. The danger is that those who hold certificates from them will attempt to pass themselves off as fully trained women. No laws have yet been devised by which they can be regulated.

stimulus to schools all over the country to improve their methods and their conditions of work and living.[1]

The same year the American Nurses' Association published a standard curriculum which went a little further in its requirements than the one which had previously been gotten out by the state of New York. These two published curricula have done much toward defining what a nurse should be taught, and have helped in our attempts at uniformity.

The Grading of Nurses. Trained Attendants.—Here and there have long been found groups of people who felt that a short course in nursing might properly be given to women of less than a high school education. A number of hospitals made the experiment of training "attendants," but most of them abandoned it as unsatisfactory. The American Hospital Association had for five years a committee on the Grading of Nurses which advocated a nine months' course and outlined it in detail. In 1918 the American Nurses' Association went on record as approving the training of attendants. About that time New York City, in its Department of Public Welfare, made a new attempt to establish a good school of this sort. Miss Agnes Ward, a woman of wide experience, was at its head; a nine months' course is given in three New York hospitals.

The American Hospital Association had in 1907 advocated three grades of nurses, the teacher or executive, the bedside nurse, and the attendant. In 1922 the

[1] In the summer of 1917 Vassar College gave a preparatory course in nursing to college graduates. About four hundred students took this course, and many afterward entered regular hospital schools to continue their study, being given a liberal allowance for this preliminary work. The Universities of Cincinnati, Iowa, Colorado, and the Western Reserve University gave similar courses.

Rockefeller Foundation, after a careful study of the subject,[1] made a report to the American Nurses' Association, recommending a similar arrangement.[2] Both these bodies recognized the fact that there were already in existence three grades of nurses corresponding very closely to this classification.

Administrative Courses.—In 1898 it was suggested that a course be established for nurses who wished to become heads of hospitals or training-schools. The whole country recognized the need. Teacher's College, a branch of Columbia University, New York, was selected for the experiment, and agreed to carry the course.

Mrs. Isabel Hampton Robb was put at the head of the new scheme, and her committee consisted of Miss Linda Richards, Miss Maud Banfield (Superintendent of the Polyclinic Hospital of Philadelphia), Miss M. E. P. Davis (Superintendent of the University of Pennsylvania Hospital), Miss Lucy Walker (Superintendent of Nurses at the same hospital), and Miss M. Adelaide Nutting (Superintendent of Nurses at Johns Hopkins Hospital, Baltimore).[3]

[1] There were a number of prominent nurses on this committee.

[2] The recommendation was: Twenty-eight months' training for the rank and file; eight months' additional post-graduate work for teachers, executives, or public health nurses. Eight months' course for attendants.

[3] Miss Nutting is Canadian by birth. She first studied music and art, then took up nursing, graduating in the first class from Johns Hopkins Hospital. She became Superintendent of the Johns Hopkins training-school, which under her became an important school. Perhaps her most vital work has been the creation of the Department of Nursing and Health at Teacher's College, Columbia. She has been secretary of the League of Nursing Education, etc. She has been called "one of the most useful women in the world."

A course of two years was arranged, and the first two pupils entered, Miss Anna Alline[1] and Miss Alice Gorman.

In 1909 a Chair of Nursing and Health was established at Teacher's College, and Miss Nutting was called to



Fig. 50.—Miss M. Adelaide Nutting. (From a painting by Cecelia Beaux.)

occupy it. Under her the school has developed remarkably and become a powerful influence in the nursing

[1] Miss Alline was put at the head of the Teacher's College course in 1901. In 1906 she became New York State Inspector of Training-schools.

world.[1] Public health courses have been established, with the Henry Street settlement as the seat of field work. Summer courses are given in all subjects pertaining to hospitals and training-schools and to every phase of health work.

There was also a demand for short, practical courses in administrative work. In 1908 the Massachusetts General Hospital, of Boston, began giving a six months' course in practical executive work, under supervision, taking but two pupils at one time. Grace Hospital, Detroit, established a similar course, taking four pupils. The Cincinnati General Hospital established an administrative course about 1919. Both theoretical and practical courses filled a real need.

Nurses' Text-books.—In the beginning practically all text-books used by nurses were written by doctors. Miss Nightingale's "Notes of Nursing" probably did much to make nurses feel that they were capable of writing their own text-books; a number of English nurses were the first to undertake the task.

In America the first nursing text-book was written by Miss Clara Weeks,[2] a graduate of the New York Hospital; it was for years regarded as the best work of the sort.

Presently nurses began to venture further and write books upon subjects that had hitherto been thought to be in the province of physicians only. Miss Diana C. Kimber, of Blackwell's Island, was the first nurse to write an Anatomy and Physiology. Miss Lavinia L. Dock[3] was

[1] Miss Annie Goodrich, Miss Isabel Stewart, Miss Florence Johnson, Miss Ella Phillips Crandall, and others have been on its teaching staff.

[2] Now Mrs. Shaw.

[3] Miss Dock graduated from Bellevue Hospital in 1886. She has held executive positions in Bellevue, in Johns Hopkins, the

the first nurse to write a Materia Medica; Miss Mary E. Reid the first to write a Bacteriology; Miss Harriet Camp



Fig. 51.—Mrs. Clara Weeks Shaw. (Taken about the time that her "Text-Book of Nursing" was published.)

the first on Ethics. So many nurses have followed their lead that the list has grown to be a formidable one.

Miss Isabel McIsaac, long in charge of the Illinois

Illinois Training-School, and has worked long at the Henry Street settlement. She was for a long time Secretary of the International Council of Nurses, and one of its chief promoters.

Training-School, Chicago, was a well-known writer of nursing books; among her works are Primary Nursing Technic, Hygiene, Bacteriology, etc. She was head of the Army Nurse Corps in 1912, and was Interstate Secretary of the American Nurses' Association. Miss Charlotte



Fig. 52.—Miss Diana C. Kimber. (Courtesy of American Nurses' Association.)

Aikens has written a number of text-books for nurses and on training-school methods; in co-operation with other well-known persons she wrote a very practical handbook on hospital management. She has been prominent in working for a standard curriculum for schools of nursing;

and throughout her nursing life has been interested in working out plans for the better care of the sick of moderate means. Miss Amy E. Pope has written excellent text-books for nurses that are widely used. Miss Emily Stoney and others have added valuable contributions to



Fig. 53.—Miss Isabel McIsaac. (Courtesy of American Nurses' Association.)

nursing literature. Miss Susan E. Tracy wrote "Invalid Occupation," the first and for long the only book on occupational therapy.

Each year more nurses see the duty of putting into permanent form the principles and methods which they have worked out in their every-day tasks. The pupil who

looks over the books that have been of the most help to her finds that most of them are the work of nurses.

Small Training-schools.—It has not been the case with nurses' training-schools as it has been with other schools, that the ones which had the most money and were thereby able to acquire the best buildings and equipment and to secure the most noted teachers have gotten the best



Fig. 54.—Miss Charlotte A. Aikens.

results. Success in nursing remains, as Miss Nightingale found it, very largely a matter of personal qualities. It is the failure to recognize this fundamental truth that has sometimes betrayed nurses when they came before the public, and has lost them some of their influence.

It is this matter of personality which has brought some of the smaller, less known schools of the country up to a very high plane in their work. We are all cognizant of

the fact that some small hospitals have exploited their nurses and have not given them full or adequate training; but large hospitals have done the same thing. All through the country there are hospitals, of thirty to seventy beds, whose Boards have had a vision of what they might do for their nurses, and whose superintendents have inspired their pupils with the true spirit of service as well as giving them an exact technical training. Some of the best results have been gotten in institutions where personal instruction and individual contact of pupil with teacher furnish conditions almost ideal for the production of a high type of nurse.

Co-operation and Affiliation.—Until after the beginning of the twentieth century training-schools were much isolated, each being practically a world in itself and inclined to remain so. There was little postgraduate work available to the nurse who found her original training deficient or who wished to specialize. Affiliations between schools were hard to arrange, since those that had attractive special departments preferred to keep them for their own pupils, and viewed the training and methods of other schools with suspicion.

Washington, D. C., was perhaps the first city to arrange extensive affiliations between its training-schools. About 1905 four hospitals[1] had a close affiliation, and for nearly twenty years two hospitals[2] maintained a joint school.

The nursing organizations which brought so many schools into contact, and the spirit of co-operation which was so markedly pervading the whole world, reached out and brought the hospitals into line. Now affiliations between schools have become common, postgraduate courses are available in almost any subject, and training-

[1] The Emergency, Children's, Columbia, and Episcopal Hospitals.
[2] Columbia (women) and Children's.

schools are every year more friendly, more tolerant of each other's methods, and more ready to be helpful to outsiders. In a number of cities training-schools are now combining for certain classes and lectures. In some of the western cities a group of hospitals have a central training-school for probationers' classes, and have found it a satisfactory arrangement.

For a long time a nurse who had taken a partial course in one hospital, but wished to finish at another, even though her reasons were good and her first training excellent, found the way closed, and was compelled to take a full course, getting no credit for previous work. Now reciprocity is coming to be the rule.

Length of Course.—The earlier training-schools gave but one year of training, though some required two years of residence in the hospital. Gradually, more and more instruction was added and the length of training increased. For a long time two years was thought to be ample to produce satisfactory results. About 1894 some of the larger schools, in hospitals that had many departments, extended the time to three years.

This longer time for training was made so much of that hospitals all over the country adopted it unthinkingly, chiefly because it seemed to suggest that they had a higher standard, while the training given remained the same as it had under the former régime As a result, a considerable number of hospitals gave a three-year course that contained less than two years' instruction, and which actually amounted to an exploitation of the nurses. It was a natural result of emphasizing quantity and mistaking it for quality. The report of the Rockefeller Foundation to the American Nurses' Association, made in 1922, makes it likely that the standard length of course may eventually be twenty-eight months. This question of

length of course is one of the much-discussed and still unsettled questions of the nursing world.

Preliminary Courses.—The impossibility of giving probationers or young nurses a proper theoretic course while they were spending most of their time in the wards, and the wrong of permitting nurses to do work for which they had not received thorough instruction, presently became apparent. Preliminary courses of various sorts were introduced to correct this difficulty, and were adopted by many schools. The Johns Hopkins Training-school was probably the first to carry out such a plan, and schools in Boston and Rochester, N. Y., were among those that early adopted the methods. In 1911 there were eighty-five hospitals which reported giving preliminary courses, and the number was doubtless somewhat greater. Such courses ranged from six weeks to six months in length, and from the simplest classes to an actual residence in a college.[1]

Hours of Work.—Until very recently nurses on private duty accepted, as a matter of course, twenty-four hours per day responsibility for their patients. At the beginning hospital nurses made no complaint at a day of fifteen to eighteen hours. After night nursing was established, the day became twelve hours, and an hour off was the rule. After a time some schools gave two hours off and two half-days per week, making a six-day week and a nine-and-a-half-hour day. As far back as 1891 the eight-hour day, which had become common in industrial pursuits, was tried,[2] and many hospitals have gradually adopted it.

In 1914 the State of California passed a law permitting nurses in hospitals to work only eight hours per day and

[1] The Boston Children's Hospital has long given four months' theoretical work at Simmons College as a part of its preliminary course.

[2] Mrs. Lystra Gretter, of the Farrand School, Detroit, was evidently the originator of the plan and the first to put it into practice.

but forty-eight hours per week, a law regarded by many as impractical. In 1918 the American Nurses' Association went on record as favoring an eight-hour day, with a fifty-two-hour week.[1] The tendency is throughout the country to shorten the hours of duty, especially for night nurses, and to take into consideration the time spent in class and study. By 1918 many private duty nurses in the larger cities were working but twelve hours, though in the face of severe criticism from the public.

Sending Pupil Nurses Out for Private Duty.—The older training-schools, both in England and America, found their mission largely in the reform of hospitals and prepared their nurses chiefly for hospital service. Presently there came a demand for trained nurses in private duty, and it was noted that the vast majority of graduates were seeking that field of work. Superintendents at once realized that hospital conditions were far from being like those of a home, and that hospital training prepared a nurse somewhat imperfectly to meet them. Doubtless the complaints of doctors and the comments of the nurses themselves helped to start the custom of sending out for private cases nurses who were still in training. The original idea was to give them experience in what they would meet later while they were still under supervision and had some one to whom they could go for help with their problems.[2]

[1] In 1919 at the annual meeting of the American Hospital Association two hundred superintendents of nurses favored an eight-hour day, but only twenty-five had been able to secure it.

[2] Miss Linda Richards approves the practice. She writes: "I gained practical proofs of the excellence of this method. The most important of these is that a nurse's first mistakes are made when she has her own superintendent to go to for counsel. The superintendent, in her turn, by having complaints come directly from the patients, learns how to best instruct the nurse to avoid them."

Unfortunately, because superintendents of training-schools were busy and doctors were thoughtless, such outside work was often not properly supervised, nurses were sometimes overworked, did not get their classes or lectures, and the results were not always good. Some hospitals overdid the matter and made too much of the money income that resulted to them. As a consequence, a prejudice arose against the practice. State Registration Boards began to discriminate against schools which sent pupil nurses out. Many superintendents felt that the practice, if not abused, was of great value to the nurse, and in 1915 about one-fourth of the schools of the country still continued it.

The Waltham Idea.—Dr. Alfred Worcester, of Waltham, Mass., set out upon a world-wide search for the answer to the question of how to train nurses for private duty. He has written a most interesting account of his experiences,[1] and has embodied his practical solution of the problem in the Waltham Training-School. This school, though much criticized, is acknowledged to have produced graduates who rank among the best in the country. Dr. Worcester gives his own account of its underlying principles and their development:

"The Waltham Training-School for Nurses was established in 1885 with the purpose of supplying the local need of nursing service. It was believed then that, in meeting this need, doctors could give bedside training to nurses. At first the physicians in charge of the venture and their lady assistants attempted to teach only a modicum of nursing knowledge; but by the second year Miss Mary Hackett, a graduate of the Long Island College Hospital Training-School, came as superintendent and brought the school into direct line of inheritance of the

[1] "Nurses for Our Neighbors."

nursing profession's best traditions. At the same time a small hospital was started, which in 1888 became the Waltham Hospital.[1]



Fig. 55.—Miss Charlotte Macleod, of the Victorian Order of Canada, the Waltham Training-School of Massachusetts, and the Household Nursing Movement.

"In 1891 Miss Charlotte Macleod became superintendent of the school, and did distinguished service there, until in 1898 she was called to be Chief Lady Superintend-

[1] The Waltham Hospital has 120 beds; the Waltham Baby Hospital, 16.

ent of the Victorian Order of Nurses in Canada.[1] During her term of service this was the only school in the country that taught visiting nursing, and it was her work in it which gave her the call to the Canadian service. She was succeeded by Miss Beatrice De Veber, who still remains in charge.[2] From 1905 to 1907 the hospital was so fortunate as to have for its matron Miss A. L. Pringle, formerly matron of the Edinburgh Royal Infirmary and afterward Superintendent of the Nightingale School for Nurses at St. Thomas' Hospital, London.

"The course is four years in length. There is a preparatory course of six months, followed by a year of hospital training, after which the pupils do private nursing under supervision, district nursing, and nursing in one or more hospitals. Two-thirds of those who enter finish the course.

"The absolute independence of the Waltham School from the hospitals employing its pupil nurses has enabled it to pursue its original educational purpose, and to retain whatever methods have proved of value. Thus, in supplying the need first encountered of service in the homes of the sick, before there were in this country graduate nurses even for those who could afford them, it was found not only that the pupils as resident and visiting nurses were of great use, but also that in such service, under the constant supervision of their teachers, they had especially good opportunity for learning the art of nursing. Therefore, in spite of the many objections raised, the school has insisted that private family nursing can best be taught—not in hospital wards—but in the patients'

[1] Miss Macleod has twice come back for six months' charge during the matron's leave of absence for study of other hospitals.

[2] Two assistants, Miss Buttinger and Miss Reynolds, have had an almost equal term of service.

homes, and accordingly a considerable part of the Waltham training continues to be so given.

"The first eighteen months of the course meets with the approval of nurses in general; but there is a good deal of disapproval visited upon the school for not continuing the hospital training and leaving visiting and home nursing until the final year. The Waltham School does not conform to the general custom because it has found: (1) That junior nurses, after a year in the wards, are not so fit for head-nurseships and for other responsible hospital service, and for teaching succeeding classes, as they are after an intervening year of home nursing. (2) That the teachers of visiting and home nursing[1] find it far easier to teach pupil nurses at this stage of their development this very different kind of work than it is to teach those who have had their full hospital training. (3) That by this interchange of services the health and enthusiasm of the pupil is maintained and enhanced.

"The chief distinction of the school is that, as an independent educational institution, it is wholly in charge of a faculty of nurse teachers.[2] Half the faculty are in charge of the hospital training, while the other half attend to the preparatory course and to the pupil nurses' outside work in family and visiting nurses. This ensures perfect co-operation between the school and the hospital, and a proper balancing of the different departments in the nurses' training.

"Another distinctive feature, viz., the far larger amount of didactic instruction than is elsewhere given to pupil nurses, is a result of the unique origin of the Waltham school. The early physician teachers gave generous courses of lectures and recitations, in the belief that

[1] Two assistants give their whole time to this work.

[2] The faculty numbers twelve.

nurses should be taught beforehand what will be expected of them the same as medical students are. Although since 1894 the scientific foundation instruction has been given in the preparatory course and in the junior year, the same effort has been continued to be beforehand in the teaching. Each pupil nurse has over two hundred and fifty hours of such instruction, and must pass fifteen written examinations.

"Also in the preparatory term, before the pupils even see sickness and suffering, they are drilled in all the arts of housekeeping—in buying, cooking and serving food, in asepsis, in massage, and, what is of most importance, in caring for the helpless who are not sick—babies, normal lying-in women, and aged folks, who need only to be properly fed and to be kept clean and comfortable."

The earnings of the pupil nurses and the tuition fees received[1] are spent entirely for the school. There is also an endowment.

There are nearly four hundred graduates of the school.

AFTER THE WORLD WAR

The war, because nursing occupied so prominent a place in it, stimulated all nursing interests and the study of nursing problems.

In the winter of 1917–1918 there was an epidemic of pneumonia in the military training camps of the United States. In the fall of 1918, just before the end of the war, a terrible epidemic of influenza in its most virulent form swept the whole country from east to west, causing thousands of deaths, and in some cases duplicating conditions which had existed in the Middle Ages in Europe.

[1] Waltham is one of the few American schools that require the payment of a tuition fee.

These scourges demonstrated how dependent the public was upon nurses, and how much the quality of the nurse really mattered.

As the nurses began to return from overseas they found a large program of public health work in contemplation; and fresh as they were from the sacrificial life of war nursing, preferred it to the routine of private or even institutional duty. Public health nursing, therefore, took on a tremendous impetus, so that it has taken its place in the forefront of nursing activities.

In 1917 there was appointed a Committee on Nursing in the General Medical Board of the Council of National Defense, Miss M. Adelaide Nutting being its chairman.[1] This body discussed measures to relieve the shortage of nurses caused by the war, and later by the extensive public health nursing activities; this involved immediately the subject of the content of nurses' training. The Rockefeller Foundation undertook to go into the whole subject of nurses' training, with all its problems, under a committee containing much the same personnel as that of the war committee. Their report, given to the American Nurses' Association and to the National League of Nursing Education in 1922, marked an epoch in nursing history. Its conclusions were as follows:

1. That, since constructive health work and health teaching in families is best done by persons capable of giving general health instruction, and of rendering bedside care at need, the agent responsible for such health work and teaching should have completed the nurses' training; and that as soon as may be practicable all agencies employing public health nurses should require as a prerequisite

[1] Other members of this committee were: Miss Jane A. Delano, Miss Annie W. Goodrich, Miss Lillian Wald, Miss Ella Phillips Crandall, Miss Clara Noyes, Miss Mary Beard, etc. Miss Julia C. Lathrop, of the Federal Children's Bureau, was also a member.



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Fig. 56.

for employment the basic hospital training, followed by a post-graduate course, including both class and field work, in public health nursing.

2. That the career open to young women of high capacity, in public health nursing or in hospital supervision and nursing education, is one of the most attractive fields now open, in its promise of professional success and of rewarding public service; and that every effort should be made to attract such women into this field.

3. That for the care of persons suffering from acute disease the safety of the patient, and the responsibility of the medical and nursing professions, demand the maintenance of the standards of

Fig. 56.—Nursing Committee of the General Medical Board of the Council of National Defense.

Lower row, left to right—Miss S. Lillian Clayton, Philadelphia, president National League for Nursing Education; Miss Annie W. Goodrich, inspector general of Nursing Service in United States and France and dean of the Army School of Nursing; Miss Mary Beard, Boston, president National Organization for Public Health Nursing; Miss M. Adelaide Nutting, chairman of committee, professor of nursing and health, Teacher's College, Columbia University, New York City; Mrs. John H. Higbee, superintendent Nurse Corps, United States Navy; Miss Dora L. Thompson, superintendent Nurse Corps, United States Army.

Second row, left to right—Miss Jane A. Delano, director Division of Nursing, American Red Cross; Miss Clara D. Noyes, president American Nurses' Association; Miss Ella Philipps Crandall, secretary of committee, executive secretary National Organization for Public Health Nursing; Miss Hannah J. Patterson, resident director woman's committee, Council of National Defense; Miss Pearl H. Braithwaite, assistant secretary of committee.

Third row, left to right—Col. John M. T. Finney, chief consultant in surgery, American Expeditionary Forces in France; Col. William H. Welch, Surgeon-General's Office; Col. William J. Mayo, chairman Surgical Advisory Board, Surgeon-General's Office; Brig.-Gen. Robert E. Noble, chief of Hospital Division, Surgeon-General's Office; Lieut.-Col. Robert L. Dickinson, medical adviser, Operations Division, General Staff; Dr. Franklin Martin, member of advisory commission, Council of National Defense, and chairman of Council's General Medical Board. (Courtesy of The Modern Hospital Publishing Co.)

educational attainment now generally accepted by the best sentiment of both professions and embodied in the legislation of the more progressive states; and that any attempt to lower these standards would be fraught with real danger to the public.

4. That steps should be taken through state legislation for the definition and licensure of a subsidiary grade of nursing service, the subsidiary type of worker to serve under practising physicians in the care of mild and chronic illness and convalescence, and possibly to assist under the direction of the trained nurse in certain phases of hospital and visiting nursing.

5. That, while training-schools for nurses have made remarkable progress, and while the best schools of today in many respects reach a high level, the average hospital training-school is not organized on such a basis as to conform to the standards accepted in other educational fields; that the instruction in such schools is frequently casual and uncorrelated; that the educational needs and the health and strength of students are frequently sacrificed to practical hospital exigencies; that such shortcomings are primarily due to the lack of independent endowments for nursing education; that existing educational facilities are, on the whole, in the majority of schools inadequate for the preparation of the high grade of nurses required for the care of serious illness, and for service in the fields of public health nursing and nursing education, and that one of the chief reasons for the lack of sufficient recruits of a high type to meet such needs lies precisely in the fact that the average hospital training school does not offer a sufficiently attractive avenue of entrance into this field.

6. That, with the necessary financial support, and under a separate board or training-school committee, organized primarily for educational purposes, it is possible, with completion of a high school course as a prerequisite, to reduce the fundamental period of hospital training to twenty-eight months and at the same time, by eliminating unessential, non-educational routine, to organize the course along intensive and co-ordinated lines with such modifications as may be necessary for practical application; and that courses of this standard would be reasonably certain to attract students of high quality in increasing numbers.

7. Superintendents, supervisors, instructors, and public health nurses should in all cases receive special additional training beyond the basic nursing course.

8. That the development and strengthening of University schools

of nursing of a high grade for the training of leaders is of fundamental importance in the furtherance of nursing education.

9. That when the licensure of a subsidiary grade of nursing service is provided for, the establishment of training courses in preparation for such service is highly desirable; that such courses should be conducted in special hospitals, in small unaffiliated general hospitals or in separate sections of hospitals where nurses are also trained; and that the course should be of eight or nine months' duration, provided the standards of such schools be approved by the same educational board which governs nurse training-schools.

10. That the development of nursing service adequate for the care of the sick and for the conduct of the modern public health campaign demands as an absolute prerequisite the securing of funds for the endowment of nursing education of all types; and that it is of primary importance to provide endowment for university schools of nursing.

"The art of nursing has still marvellous undeveloped possibilities, especially the more difficult and delicate art of nursing sick minds and spirits. The science of nursing is still in its earliest infancy, and even our present knowledge is very imperfectly grasped and applied by the majority of those who practice nursing. We have here the great task of perfecting our art and building up our body of knowledge; but though it is impossible to lay too much stress on these things, we must never overlook the fact that the root and spring of all good nursing is still as ever the inborn nursing instinct, with its eager spirit of service, its deep human interest, its warm and spontaneous sympathy."[1]

SUMMARY OF IMPORTANT POINTS

Trained nursing is in its second generation only, and there are still many unsettled questions which concern it.

At first, and for some time, doctors feared that nurses

[1] "A Short History of Nursing," by Dock and Stewart.

would be too highly trained to be useful; most of them have come to take an opposite view.

Early training-schools emphasized practical work. Later there arose a group of women who felt that the intellectual side of nursing was being neglected. A number of schools offered courses which attracted women of higher education, and twenty-five universities are now giving courses in nurse training.

The opponents of the educational idea in nursing claim that the intellectual type of woman is not necessarily the best nurse in actual practice. The advocates of education say that the more education one has, the better the results. It is possible that both sides are right and both types of nurse are needed.

The correspondence schools of nursing are discredited by the profession because they give only theoretic work.

A great need was felt for good courses in administrative work. Teacher's College, New York City, began such a course about 1899. In 1909 a Chair of Nursing and Health was established, and Miss Nutting called to occupy it. The school has become popular.

The Massachusetts General Hospital and the Grace Hospital, Detroit, began in 1908 to give short courses in practical executive work, taking only a few pupils.

The first nursing text-books were written by doctors, but now the majority are by nurses.

The larger schools of nursing are found not to possess the advantages that other large schools do, since nursing is often more a matter of personality than of equipment. While small training-schools sometimes give inadequate training, many of them class with the largest and best schools of the country.

Affiliations between schools and reciprocity were of slow growth, but have become established customs.

The question of length of course has been a much-discussed matter. Advocates of the three-year course take the position that a school which cannot, through affiliation or otherwise, give an adequate course of this length, ought not to exist. The other view urges that the length of a course does not necessarily imply quality, and that the standard is a false one.

Many schools are adopting the plan of giving a preliminary course in theoretic work, and the method appears to be universally approved.

In early days nurses' working hours were very long. The present tendency is to adopt the eight-hour system or, at least, to materially shorten the working day.

The custom of sending pupil nurses out on private duty arose from a feeling that the failure of the trained nurse to adapt herself to home conditions grew out of the fact that they were so entirely different from hospital conditions. The custom, while good in its inception, was frequently abused, and so came to be discredited.

The Waltham (Mass.) Training-School is the embodiment of the idea that nurses can best "learn by doing," and that preparation for private duty should involve working under the actual conditions which it presents. The school gives a four-year course, about half the time being spent in the hospital and the other half in private and district work. It has been much criticised on account of its unique methods, but its graduates are acknowledged to be excellent.

The close of the war marked an era in nursing. An epidemic of pneumonia in the training camps and one of influenza throughout the country called the attention of the public to the need of proper nursing.

Public health nursing began to be developed on a large scale.

An important committee appointed in 1917 discussed the whole problem of nursing and nurses' training. Later, the Rockefeller Foundation, through a committee of similar personnel, made a very complete study of the whole nursing situation; its report, made public in 1922, was a basis for wide-spread discussion and fundamental changes.

CHAPTER XIV

NURSING IN CANADA

Early Canadian Hospitals.—The first hospitals in America (excluding those in Mexico) were in Canada. Their work was distinctly religious, and was begun and continued with a missionary zeal which gave it a superior quality.

Quebec.—About 1625–30 a group of Jesuit priests who went to Quebec found more or less illness among the Indians whom they were trying to evangelize, and made appeals to France for help. A band of Ursuline Sisters went out in 1639 with the idea of teaching the Indians, but as soon as they landed so many sick people were brought to them—some stricken with small-pox—that they were presently engrossed in nursing. They built a hospital, the ruins of which may still be seen at Sillery. They also cared for the sick in their homes, and taught the savage women to nurse, finding them good pupils. The Indians grew to love these devoted women, and their hospital was always crowded with the poor and helpless. In 1658 they built in Quebec itself a larger hospital and called it the Hotel Dieu. It stood on the spot where the present building of that name is, and has always been a part of the life of the community.

Montreal.—The first hospital at Montreal, also named the Hotel Dieu, was built in 1644. It was founded by Mlle. Jeanne Mance, a woman of beauty, culture, and ability, who had come with a group of colonists in 1642. She was the only woman in the colony with the exception

of the wife of one of the men, and had been sent on her mission by Mme. de Bullion, who furnished the funds.[1]



Fig. 57.—Mlle. Jeanne Mance. Founder of Hotel Dieu, Montreal.

Though Mlle. Mance was not a nurse, and there was but one physician in the country (Dr. Etienne Bouchard), she opened a hospital in her own house, and for sixteen years

[1] The fact was not known until after her death.

cared for the sick of Montreal. She had, in time, as assistants a few women who came from France with additional colonists, but she herself was the one competent nurse.

In 1659 she went to France and brought back with her three Sisters of the Hospitalieres of St. Joseph—Judith de Bresoles, Catherine Mace, and Marie Maillet. She herself did not regard the hospital as truly founded until the arrival of these women. The government gave land for



Fig. 58.—Hotel Dieu of Montreal in 1821.

hospital purposes and a building was erected. This hospital has given continuous service ever since, under the same Sisterhood. Mlle. Mance's portrait hangs in the hall of the present building.

Parkman, the historian, pays high tribute to the work of these women: "It is difficult to conceive a self-abnegation more complete than that of the hospital nuns of Montreal and Quebec. In the almost total absence of physicians the burden of the care of the sick and wounded fell upon them. Nearly every ship from France brought

some infection. The nuns died, but never complained. Removed from the arena of political strife, too busy with practical benevolence to become a prey to illusions, they were models of that benign and tender charity in which the Roman Church is so rich."

Some time later the Sisters of Charity came to Canada and began an extensive nursing and hospital work.

Other Sisters' Hospitals.—Along with the settlers of new regions went the good sisters and their hospitals. Not a pioneer town of any importance failed to be supplied with a church hospital, until there are now in Canada about one hundred sisters' hospitals. Since about 1900 most of these have established training-schools for their own members and for lay women, and are using modern methods.

Municipal Hospitals.—In the eighteenth century, after the British became established in Canada, municipal hospitals began to be built. One of the first of these was at Halifax, built in 1750. The nursing in them was of the old type, done by uneducated, incompetent women and men; and the hospitals were no better than those of the same period in England and the United States.

The First Training-schools.—For reasons which are not evident training-schools for nurses were hard to establish in Canada. Their history recounts failures in the struggle against existing evils; it is possible that the people with vision were too much in advance of their time.

The General and Marine Hospital of St. Catherine's was the first that succeeded in establishing a school, and even they failed once, when in 1864 they made the experiment with one nurse. The final success was due to the efforts of Dr. Mack (for whom the school is named), who in 1874 sent to England for two trained nurses and

five probationers and founded a school which has always been worthy of the name. It is small, but has produced some nurses of more than ordinary ability. Its establishment made trained nursing in Canada practically simultaneous with that in the United States.



Fig. 59.—Miss Norah Livingstone.

Other Early Schools.—The Montreal General Hospital, founded in 1821, was badly nursed in the old way, and in 1875 the Board applied to Miss Nightingale for help in establishing a training-school. She sent out a superin-

tendent and four nurses, but their difficulties and the opposition that they encountered proved too great, and they finally gave it up and went back to England. Others tried it and failed. In 1890 the Board applied to the United States, and Miss Norah Livingstone, of the New York Hospital, went with two assistants. She established an excellent school and drew to herself ample support. She has a record of more than twenty-five years of service the character of which is recognized and appreciated.

The Toronto General Hospital, established in 1820, has had a similar history. In 1877 an attempt was made to establish a training-school, but it did not succeed until 1881; the school did not flourish until 1884, when it was undertaken by Miss Mary Agnes Snively, a Canadian graduate of Bellevue, New York, who, during twenty-six years of service, brought the school up to a good standard. Before her retirement in 1910 Miss Snively had done much for her own hospital and in national organization work.

These two schools have furnished heads for many others throughout the Dominion.

Other early training-schools were as follows:

1886—The Hospital for Sick Children, Toronto.
1887—Winnipeg General Hospital, Manitoba.
Fredericton, N. B.
1888—St. John's, N. B.
Kingston, Ont.
1890—St. Bonaface General, Manitoba.
Royal Jubilee, Victoria, B. C.

The Royal Victoria Hospital, at Montreal, one of the finest and most largely endowed hospitals in America, opened its training-school at the opening of the hospital in 1894, with Miss Edith Draper in charge. It has always been excellent.

The school at the Hospital for Sick Children, in Toronto, is well known and superior. Miss Louise C. Brent was for sixteen years its head, and to her and to Mr. J. Ross Robertson, president of the Board, is due much of its success. The fine nurses' home, built by Mr. Robertson in 1906, was much written of, and doubtless furnished an



Fig. 60.—Mr. John Ross Robertson.

incentive to other hospitals to give their nurses pleasant quarters.[1]

The first hospital for the insane that established a training-school for nurses was the Reckwood Asylum at

[1] This hospital is one of the few that advertises its work. The advertising is done exactly as it is in business houses, and is justified by its results both of money and public interest. Tons of printed matter are issued every year, telling of the appealing work of caring for sick children.

Kingston, Ontario, which began the work in 1888. Women attendants for insane men were not tried until 1910.



Fig. 61.—Victorian Order Nurse in Uniform.

Visiting Nursing.—This work is highly developed, and was for a considerable number of years more progressive than in any country of the world. Many features, worked out in Canada, were later adopted in the United States.

The Victorian Order of Nurses was so named because

it was founded in the year 1897, Queen Victoria's diamond Jubilee year. It is the national public health nursing organization. Its founder was Lady Aberdeen. Its underlying purpose was to furnish skilled nursing to the very poor and also to those of moderate means. It had a very ambitious and comprehensive program, which has developed into a threefold work.



Fig. 62.—Emblem of the Victorian Order.

1. The first and largest part is the **public health work** in cities. The nurses who undertake this have always been required to be graduates of a hospital in good standing and to take a special course of training for their work. Training centers were early established in Montreal, Toronto, Ottawa, and Winnipeg; later in Halifax and Vancouver. The courses are very full and thorough and doubtless served as models for those in the United States.[1] In 1920 eighty nurses completed the course. There were in the field that year about four hundred nurses at work.

The work of the Order includes the usual visiting

[1] Many nurses from the States go to Canada for their training in this work.

A typical course is that given in British Columbia, as follows:

Six weeks lectures on public health nursing at the University of British Columbia, Vancouver.

One month district work under the Order.

Two weeks tuberculosis work.

Two weeks child welfare work.

Two weeks rural nursing.

Two weeks school nursing.

nursing among the poor, prenatal and maternity work, postnatal care up to school age, school nursing, work in first-aid stations, industrial nursing, Little Mothers' Leagues, classes in home nursing, etc. Traveling clinics for dental, eye, and tonsil work are special features. Much attention is paid to tuberculosis. Many of the nurses work with the Juvenile Courts, and some even act as truant officers. In 1919 the Department of Indian Affairs asked the Order to provide nursing for the Indians of three provinces, about sixty thousand in all.

2. **The Lady Minto Cottage Hospital Fund,** established in 1901, provided for the building of small hospitals in outlying districts, where expert care would not otherwise be available. These hospitals were staffed by Victorian Order nurses, and were annually inspected by the Superintendent of the Order. The importance and wisdom of this work can hardly be overestimated.

3. **The Lady Grey Country District Nursing Scheme** was begun in 1909 because the Order realized that more than a hospital was needed in the sparsely settled or country districts. The plan was much like that of the Red Cross Town and Country Nursing Service, which was begun four years later in United States. It provides visiting care and health teaching for both the poor and those of moderate means in communities and districts otherwise without them. The work is thoroughly organized and regular inspections are made, so that the nurses are helped and encouraged and the work is kept up to a high standard.

"The Victorian Order nurses go into the simple homes in the little fishing villages in Nova Scotia and Cape Breton; into the workingman's cottage in the larger towns; into the tenements in the cruel slums of our larger cities; into the schools, the milk stations, the homes where tuberculosis holds its victims; into the little

hospitals, away up in the mining towns or out on the beautiful prairies; out into the ranches in the ever lovely foothill region, where she becomes the country nurse; or into the tiny hospitals in the mountains, and away out to the Pacific coast branches. The Victorian Order nurse seems to fit into her particular corner as if she had been there all her life and it was good to be there. The committees, with hardly an exception, work as though their existence depended on the results, throwing all their energies into the service and loving their work. Truly, it is a unique organization."[1]

School nursing was begun in Toronto in 1908, and in 1910 Miss Lina L. Rogers, who started that work in the United States, was called to take charge. The work is now established in many cities. Toronto gives a special course in it.

Registration was slow in being put through, probably because there was a less obvious need for it. In 1915 Manitoba was the only province which had registration laws, but by 1920 the whole country was included.[2]

Organizations.—In 1896 the Nurses' Associated Alumnæ of United States and Canada was formed. (See Chapter XII.) In 1907 Canada organized her own association under the name of *Canadian National Association of Trained Nurses.*

In the same year, 1907, the *Canadian Society of Superintendents of Training-Schools* was organized. In 1917 its name was changed to the *Canadian Association of Nurse Education*, and its membership made to include all who were engaged in the education of nurses.

Magazines.—*The Canadian Nurse and Hospital Review* is owned and controlled by the Canadian Association of Trained Nurses.

[1] From the V. O. N. report of 1919.

[2] Nova Scotia and Prince Edward Island have no registration laws as such, but have arrangements which amount to practically the same thing.

The *V. O. N.* is the official organ of the Victorian Order. It was published first in 1920 as a quarterly. It is edited by the Publicity Committee of the Order.

CANADIAN NURSES IN WAR

South Africa.—In the war of 1899 to 1901, when Canadian troops went to South Africa, many nurses volunteered for service with them. Four nurses were appointed, Miss Georgina F. Pope being at their head. They sailed in 1899; the following year four more were sent, and later three. Miss Pope was responsible for all matters affecting the military nursing sisters.[1] "The honor, zeal, and dignity of Canadian women could not have been placed in better hands."[2] She was awarded the Royal Red Cross in recognition of her services, and upon the formation, in 1906, of the permanent Army Medical Corps Nursing Service, was appointed Nursing Sister, with the relative *rank of lieutenant.* Later she became Matron, with the rank of captain. A little later Miss Margaret Macdonald was also appointed. "Thus, for the first time in the history of the world, were women granted recognition in the form of army rank."[3] Credit for this step is due to Surgeon-general Guy Carleton Jones.

The World War.—With the beginning of the World War in 1914 Miss Pope and Miss Macdonald again undertook war service. Miss Pope remained in Canada until 1917, when she was sent to Boulogne. Miss Macdonald, who had in 1911 made a study of military nursing organization, was sent overseas in September, 1914 with one hundred nurses. In November, 1914 she was appointed

[1] The term "sister" corresponds to our graduate nurse.

[2] Quoted from the lecture of Dr. Maude Abbott of McGill University, who also furnished most of the war information in this chapter.

[3] Ibid.

Matron-in-chief of the Canadian Army Nursing Service. Other well-known matrons (*i. e.*, Chief Nurses) were Miss Edith C. Rayside and Miss Ethel B. Ridley.

During the period of the war many hundreds of Canadian nurses served at home, in England, and in France. By 1917 the number reached two thousand, of whom two hundred had been, upon request of the War Office, transferred to the Q. A. I. M. N. S. of the British. There was a large number of Canadian nurses in the Harvard unit and other early American units; they also served in irregular British, French, and Belgian units. They served in one hundred general hospitals in the field, in forty stationary hospitals, and in twenty-five casualty clearing stations. They served also in Egypt, Salonika, Lemnos and Siberia, and in Germany after the armistice. A number went as trained anesthetists.

Six nurses were killed or died of wounds; seven were wounded; fifteen were drowned at sea by enemy action; eighteen died of disease while in service. Over six hundred decorations or citations were conferred upon members of the Canadian Nursing Service during the war, about forty of these being foreign. They were mentioned in despatches one hundred and sixty times.[1]

Canada has every reason to be proud of the war record of her nurses, and of their prompt, long, and devoted service.

SUMMARY OF IMPORTANT POINTS

The first American hospitals were in Canada. One was founded in 1639 at Quebec and one in 1644 at Montreal, by Roman Catholic Sisters. These hospitals taught women the art of nursing, and did excellent work.

There were many difficulties encountered in the establish-

[1] The above statistics were furnished by the Director General of Medical Services of Canada.

ment of modern training-schools. In point of time, trained nursing in Canada has followed very closely that in United States, sometimes preceding, sometimes coming after.

The Mack Training-School at St. Catherine's, Ontario, founded in 1874, was the first nurse training-school in Canada. The Toronto General, founded in 1884, was probably the next.

Visiting nursing was highly developed in Canada before it was in the States, and has served as a model for this sort of work.

The Victorian Order of Nurses, organized in 1897, is the national association for visiting nursing. It does important public health work throughout the country, and maintains a high standard of work. It gives special training in six centers.

The Lady Minto Cottage Hospital Fund and the Lady Grey Country District Nursing Scheme are branches of the Victorian order, and do excellent work in the sparsely settled districts.

School nursing was started in 1908, and is now quite general.

Registration laws exist in practically all the provinces.

The Canadian Association of Trained Nurses was formed in 1907, and the Superintendents' Society, later the Canadian Association of Nurse Education, in the same year. The national association has its own magazine, The Canadian Nurse.

Canadian nurses served in the South African War, 1899–1901. In 1906 the Army Medical Corps Nursing Service was formed, and its nurses given the relative rank of lieutenant. This was the first time in the world's history that women had been given army rank.

In the World War Canadian nurses went overseas in September, 1914. In 1917 their number was over two thousand. Their war record is a very noble one.

CHAPTER XV

STATE REGISTRATION FOR NURSES

The idea of state or national registration for nurses is similar to that of registration for physicians. It aims to classify nurses: (1) For their own protection, so that the better grades may not be confused with the poorer; (2) for the protection of the public, so that they may be able to distinguish between the qualities to be expected in a fully and properly trained nurse, and those in an untrained, partially trained, or imperfectly trained nurse.

Some of the longest and bitterest disagreements among nurses have been over questions relating to registration. The first discussions were over the fact of registration, whether or not the thing itself was desirable; the later contests have been about details of requirements for registration, personnel of examining boards, etc.

Doctors and hospital superintendents have taken a hand in the registration discussion. Some have advocated it; others have opposed it. Some have insisted that physicians should sit on nurse examining boards; others were willing for nurses to manage their own affairs. Meantime physicians' own registration is in a chaotic and unsatisfactory state.

Registration Pro and Con.—Those who advocate state registration for nurses claim that it is the best way—perhaps the only way—of protecting nurses and the public against inferior members of the profession. They cite the laws governing doctors' practice. They hold that only nurses who come up to certain standards should have full privileges and full compensation.

The opponents of registration urge that nursing is a matter of personality more than of training, and that no examination can reveal or register personal qualities. They contend that amount of education, length of training, etc., are false standards by which to judge a nurse's work.

Florence Nightingale was always actively opposed to registration for nurses. In 1890 she wrote: "The tendency is now to make a formula of nursing, a sort of literary expression. Now, no living thing can less lend itself to a formula than nursing. It cannot be tested by public examinations, though it may be tested by current supervision." Her biographer says: "She held that, consciously or unconsciously, the Registrationists had lost the essential truth about nursing. . . . Her objection was not to taking precautions against imposters, but to the misleading nature of the precautions; not to the tests, but to their inadequacy."[1] She insisted that neither number of beds in a hospital, nor length of time spent in a school, nor ability to write the answers to a set of questions, furnish any guarantee that a nurse is capable of caring for a sick person.

The First Registration Law.—Cape Town, in South Africa, was the first state in which a nurses' registration law was passed. It went into force in 1891. Its passage was due to the combined efforts of doctors and nurses, and both are represented upon the examining board. (In New Zealand, also, doctors and nurses have worked together in securing and administering registration laws.)

Registration in the United States.—Before 1900 a good many nurses had felt, and some of them had said, that there should be laws which would classify nurses so as to protect both them and the public. Americans are apt to

[1] "Life of Florence Nightingale," by Cook.

feel that legislation is a panacea for any ill, and it was inevitable that nurses should try their hands at law-making.

In 1899 Isabel Hampton Robb publicly advocated nurse registration laws; Miss Sophia Palmer, of Rochester, N. Y., and Miss Sylveen Nye, of Buffalo, N. Y., each began independently to work for something of the kind. Miss Eva Allerton, of Rochester, also took up the idea vigorously.

The matter was brought before the New York Federation of Women's Clubs, and that body passed a resolution endorsing the formation of a board of examiners chosen by a state society of nurses, and recommending the inclusion of nursing education in the list of professions supervised by the State Board of Regents. Thus New York not only began the idea of state registration, but, from the first, connected it up with education.

In 1901 New York formed her State Nurses' Association, with the primary object of gaining a legal status for the nurse. Some of the best-known women of the profession were in the movement, and the whole idea was novel and striking enough to attract attention from nurses all over the country.

There was a sharp fight over what the composition of the examining board should be, whether all nurses, all doctors, or some of each. Other hotly contested points were as to whether the Regents or the Nurses' Association should nominate the members of the Board, and as to what control physicians should have over these nominations. It was finally settled that the nurses should make nominations from among their own number, and that the Regents should select five of those thus nominated. There is nothing to prevent doctors from being put on the Board, but it leaves the matter in the nurses' hands.

Early Registration States.—The first registration law for nurses passed in America was by the state of North Carolina. A nurses' association was formed in 1902, and the registration bill was put through the following year. The bill was not considered satisfactory, since requirements were not strict, and there were two doctors on the Board. It has since been radically amended.

New Jersey passed the second law, also in 1903, and a little later in the year New York succeeded in getting hers passed. Virginia followed in the same year.

Progress of Registration.—By 1915 all but six states had registration laws. Eighteen of these had physicians on their boards. Very few of the laws required that a nurse have had any high school education. About half required three years' training. By 1920 all the states except Nevada had passed registration laws,[1] but they were far from uniform in their requirements. The matter of reciprocity between states remained in a chaotic condition.

New York's Difficulties.—As New York was the leader in securing laws on nursing, so she has been the first to attempt modifications of existing legislation. This state has been the battleground of many unique ideas concerning the legal control of nursing, and will doubtless continue to be. The composition of the Board has been up for change, the length of the course to be required, the curriculum to be exacted, the matter of a State Inspector of training-schools, and even the extreme case of the right of individuals of varying training, or no training, to apply to themselves the term "nurse."

Registration in England and Canada.—England hotly discussed the matter of registration for a quarter of a

[1] Hawaii passed her registration law in 1917. The Philippines had one before that date.

century. The matter was tangled up with the subject of organization and of nurses' right to manage their own affairs.[1] A national registration bill was finally put through Parliament late in 1919 and passed in 1920. It is considered good and flexible. It provides for a general council, the majority of whom shall be nurses, who shall prescribe standards of education and training, as well as examine and register.

In Canada, up to 1915, only one province had registration. By 1920 practically all the provinces had laws covering it.

Recent Status of Registration.—Up to 1920 registration was not compulsory, *i. e.*, nurses might take the examination and be registered, or not, as they chose. Yet it has come about that most State associations will not accept as members nurses not registered. The national nursing organizations, including the National Organization for Public Health Nursing, the American Red Cross, etc., do not recognize nurses who are not members of their state association. In this way unregistered nurses are automatically excluded from everything but private duty.

The public, whom registration laws were designed to protect, is still practically unaffected by them, since in most states anyone who calls herself a nurse may practice unmolested and charge what she pleases for her services. In 1919 sixteen states had laws purporting to be compulsory, but they had little effect. In 1920 New York and Missouri had laws compelling the registration of all grades of nurses; if these can be enforced they constitute a distinct step in advance. The consensus of opinion now is

[1] Dock and Nutting in "History of Nursing," vol. iii, sets forth the side of the registrationists. Sir Edward Cook, in his "Life of Florence Nightingale," gives the opposite side.

that neither the public nor the nurses will be really protected until all who nurse for hire, whether trained or untrained, shall be compelled to be registered.

Virginia was the first state (1918) to provide by law for the registration of attendants.

Registration in its Formative Stage.—Nurses' registration, with all that it includes, has apparently come to stay, though it is far from being complete in all details. The states whose registration boards include an active-full-time inspector of training-schools are making more progress than others; this indicates clearly that nursing progress must begin at the source, not with the finished product. Certain it is that since nurses' examining boards have come into a measure of power, there are fewer hospitals which exploit their nurses and more which furnish good living conditions and give a complete and satisfactory training.[1] Many states recognize the fact that a written examination is far from being a test of a nurse's efficiency, and have added practical work to the examinations given.

Florence Nightingale's criticism still holds good, that personality cannot be measured by a formal examination; but in our ignorance of how to standardize or measure personality we continue to do what we can by legal measures.

[1] Even as late as the early years of the present century each hospital was a law unto itself. Classes and lectures were commonly omitted because of the exigencies of the practical work or the carelessness of the lecturers, splendid curricula were planned on paper, but never given, nurses were commonly required to work overtime, and a one-sided training was the rule rather than the exception. A superintendent of nurses, formerly helpless to remedy conditions, now says to her Board, her lecture staff, or her training-school committee, "These things are required if our school is to remain on the accredited list," and her way is plain before her.

There were in 1920 about one hundred thousand registered nurses in the United States.

SUMMARY OF IMPORTANT POINTS

State registration of nurses is designed to protect (*a*) the nurses and (*b*) the public.

Some of the severest conflicts in the nursing world have been about the matter of registration.

Advocates of registration claim that it is the best means of protecting both the public and the nurses against imposters.

Opponents of registration contend that the standards set by examinations and registration requirements are false ones.

Miss Nightingale always actively opposed registration.

In England the matter was hotly discussed for over twenty-five years. A national registration law was passed in 1920.

Cape Town, South Africa, was the first state to pass a nurses' registration law. Theirs was put through in 1891.

Registration discussion began in the United States about 1900.

New York was the first state to attempt to pass a registration law, but North Carolina was the first to get one through. New Jersey, Virginia, and New York all passed laws before that year (1903) was over.

New York has always been a leader in unique and radical forms of nursing legislation.

All the states (except Nevada), Hawaii, and the Philippines now have registration laws. They present a great variety of requirements and methods. Reciprocity between states is still in a chaotic condition.

Compulsory registration of all grades of nurses, trained or untrained, is thought to be the solution of the problems

of registration. It is being tried out in New York and Missouri.

State registration, when accompanied by inspection, has had the effect of greatly improving the quality of nurses' training.

In 1920 there were about one hundred thousand registered nurses in United States.

CHAPTER XVI

NURSES AND TRAINING-SCHOOLS IN EUROPE[1]

GERMANY

Up to about 1888 the hospitals of Germany were largely charitable institutions. The buildings were overcrowded, the hygienic conditions poor, nurses were overworked and had little professional education. In the last thirty years, however, very great development has taken place. Social insurance, which provides hospital care for all ages and all classes, did much to effect the change.

All hospitals in Germany are now under government supervision. Nurses belong chiefly to three classes—Roman Catholic Sisters, Deaconesses, and Red Cross Nurses. There are also a few state schools of nursing; and there are nurses who work independently, as in America.

Roman Catholic Sisters.—A large proportion of the people of Germany are Roman Catholics, and we find fully one-half of the nursing being done by these sisters. Some of the largest and best hospitals in Germany are nursed by them, and a good deal of the private nursing is in their hands. Their training is not highly developed, but they manage to keep up with the progress of the medical sciences. They are able to keep religion enough in the

[1] It must be remembered that throughout the world and especially in Europe conditions are changing so rapidly as to make it impossible for any book to be up to date. Most of the material in this chapter refers to conditions as they were before the World War.

CASPIAN SEA
BLACK SEA
ATLANTIC OCEAN
NORTH SEA
MEDITERRANEAN SEA
AUSTRO HUNGARIAN MONARCHY
FRANCE
SPAIN
ICELAND
BRITISH ISLES
AFRICA

background so that it will not interfere with the work of the physicians.

Deaconesses.—Next in numbers are the deaconesses, who are usually Lutheran. There is considerable varia-



Fig. 64.—German Deaconess nurse. Sister Sophie, Superintendent of Bethany Deaconess Home, Hamburg, Germany.

tion in the different orders of deaconesses; some are very strict, having an understanding with their members which amounts almost to a vow, that they shall not own prop-

erty, nor marry, and that they must give strict obedience, their connection with the order being for life. Other orders are much more free, but still control the nurse, giving her board, lodging, clothing, and a salary of only $75 to $125 per year. Many of the hospitals are nursed by deaconess orders that do district nursing and some private duty. The heads of these orders are always sisters, but they are controlled by the clergy.

Red Cross Nurses.—The Red Cross Society, as has been noted (Chapter VIII), controls its nurses much as the religious orders do, though it is less strict. The society trains nurses in its own schools, and retains them in its service, or sends them out for district work or private duty. The training given is of fair quality.

The government has no corps of nurses, but in time of peace sick soldiers are cared for by Red Cross nurses, the society—not the government—bearing the expense.

In time of war Roman Catholic Sisterhoods, Deaconess Orders, and the Red Cross Society all send nurses at their own expense to aid the government.

State Training-schools.—There are some large and excellent training-schools controlled by the government. The Nursing Association of the Hamburg State Hospitals trains its nurses in the large state hospitals, notably the Eppendorf (3000 beds). It requires them to remain two years after they finish training, but assumes that they will be permanent. All its nurses must be Lutherans.

Victoria House, of Berlin, was established in 1881 by the Empress Frederich. It has always been non-sectarian and gives much personal freedom. The training is one year, but the nurses are required to remain for three years.

Contrast with America.—Such perfect organization seems to an American like overorganization. It involves a permanent connection of the nurse with her school, per-

manent protection for her, assurance of work, of income (small indeed), of care in sickness and old age; but it also means that the school controls her, that she is not her own mistress.

It follows that the German nurse, even when of a superior class, is quite different from the American type. It has been said of them: "We are astonished at the silence of these women. Superintendents of nurses in vast establishments—women of immense ability—have no associated life. They do not unite, write papers, nor speak in public. All text-books, lectures to nurses, theories of nursing, and nurses' rules for conduct are written by men."[1]

The Free Sisters.—There were a few who protested against the settled order of things and who wanted more freedom. By the beginning of the twentieth century quite a number of graduate nurses were working independently, though leading a rather forlorn existence, and finding it hard to make a living. They had become known as the "Free" or "Wild" sisters. Some of them, notably Agnes Karll, Elizabeth Storp, Helene Meyer, and Marie Cauer, wrote articles and circulated pamphlets stating their case.

In 1902 the National Council of Women took up the whole subject of nursing and nurses, and sent a memorial to the government, asking for certain official changes in the status of the nurse. They requested that the state define a three years' course for nurses; examine and register those who had taken this course, and give them a certificate and a badge; that only hospitals which took proper care of their nurses should receive recognition.[2]

[1] Lavinia L. Dock.

[2] Many hospitals notoriously overwork their nurses, both while in training and afterward. There have been a very large number of suicides among nurses, traceable only to overwork.

Part of these demands have been obtained, but the progressive group has still much work before it if any real freedom is to be gained.

The German nurses are a superior class of women, better than those of most of the countries of Europe.

FRANCE

Nursing in France has had a stormy history, and it is still far from being satisfactory or progressive.

For centuries the work was ostensibly in the hands of Roman Catholic sisterhoods, but their rules so restricted their work that the bulk of the nursing was actually done by ignorant, untrained servants. The fault lay not with the sisters, but with those who controlled them.

During the first half of the nineteenth century a good many attempts were made to train the numerous servant nurses, but no progress of any consequence resulted. The problem became acute because the country was attempting to abolish all religious communities. Laws had been passed as far back as 1790 providing for the laicization of hospitals, but they could not be enforced because there was no one to take the place of the sisters.

About 1850 all hospitals in France were placed under one central administration, except Paris, which is independent. This plan has worked well in many ways. In 1861 a complete reform in the nursing was attempted, and though the matter was earnestly studied and faithfully experimented with, no particular improvement resulted. Only the sisters or ignorant servants could be induced to care for the sick.

Bourneville's Training Scheme.—After the war of 1870 a group of men from l'Assistance Publique (the Department of Charities), of Paris, with Dr. Bourneville at their head, felt that systematic training should be

offered and an attempt made to elevate hospital attendants. (France was at this time officially atheistic and eager to be rid of the religious element in its hospitals.) Bourneville began by seeing that nurses were better paid, better housed, and better fed. In 1877 he went to England and studied the training-schools there. In 1878 he established three official training-schools—at the Salpetriere, the Bicetre, and the Pitie. These hospitals had in all some eight hundred or nine hundred nurses, but the work was not compulsory and only about sixty pupils attended the first classes.

Dr. Bourneville himself wrote a series of text-books for use in these classes—excellent, practical works. He had for lecturers some of the best men of Paris. In his enthusiasm he threw the classes open to all who wished to come, so that orderlies and kitchen servants came, lay women from both the upper and lower classes, as well as the nuns and attendants for whom the work was primarily designed. The course was eight months of lectures, given in the evening, supplemented by some practical teaching in the wards. Other cities than Paris took up the plan.

The anticipated results did not come. Most of the pupils could not read or write, and were utterly unable to profit by the lectures from learned men. Classes in elementary branches were given, but men and women who were tired by a long day of manual labor did not make much progress. Dr. Bourneville, brilliant and earnest, worked for thirty years at the problem of nurses' training, and in the end accomplished little.

Dr. Anna Hamilton's Plan.—Dr. Hamilton, during her study of medicine on the Continent, had been deeply disappointed at the lack of benefit which patients received from medical work and nursing. She set herself to investigate the causes. In 1898 she visited England, and in

1900 wrote her now famous thesis, "Considerations sur des Infirmieres Hôpitaux" (Concerning Hospital Attendants).

In this thesis she reviewed the whole nursing situation of France in a masterly manner, and laid down the prin-



Fig. 65.—Dr. Anna Hamilton.

ciples upon which successful reform must be built. She insisted—

(1) That pupils should be women of education.

(2) That theoretic instruction should be simplified.

(3) That a great deal of practical instruction should be given by graduate head nurses.

(4) That the nurse's diploma should recognize the practical work.

(5) That the training-school be under a woman head, a trained nurse, with full powers of control.

The fifth point she considered the vital one, as Florence Nightingale had before her, and regarded its neglect as the chief cause of the failures of Bourneville and others.

Her thesis stirred up much comment and many hot discussions followed. Her criticism of the public authorities and her advocacy of foreign methods made her unpopular.



Fig. 66.—Training-school at the Protestant Hospital of Bordeaux.

Dr. Hamilton's First Training-school.—In 1901 the Protestant Hospital of Bordeaux decided to give Dr. Hamilton a chance to prove her theories. The school had been under the Red Cross Society, and the so-called training had been chiefly lectures, while the real care of the sick was taken by servants. Over one hundred diplomas had been granted, but only sixteen of those who received them had actually worked in the wards or cared for patients.

Dr. Hamilton maintained that a physician could not

teach nurses properly, and made her own work in Bordeaux merely preparatory to that of a trained nurse. After one or two non-successes the school obtained an excellent start under Miss Catherine Elston, a nurse trained at the London Hospital, who remained about six months. In a few years the place was transformed, and has continued, under Dr. Hamilton's guidance, to be a



Fig. 67.—Florence Nightingale School, American Nurses' Memorial, Bordeaux, France. (Courtesy of the American Journal of Nursing.)

school of nursing up to the best standards. The pupils have been selected from the ranks of educated women, the training has been careful and thorough, and the school stands as a lighthouse among French hospitals. Its nurses have served with honor in the recent war.

Dr. Lande, mayor of Bordeaux, determined to try the same system in the public hospitals of the city. He began it in 1904 in three wards of the hospital of St. Andre,

with a Dutch nurse in charge. It was not a success until Miss Elston took hold of it. She encountered great opposition, but established the school. One of her pupils was put in charge (Mlle. Gallienne), and she founded another school at the Tondu Hospital, where she remained for nine years. All these schools are doing work which is up to the standard of England.

After the World War Dr. Hamilton came to United States to ask for aid in establishing her training-school more firmly. Through the American Nurses' Association a fund was provided for the nurses' home of the new hospital which was to be built just out of Bordeaux. The nurses of America gave about $50,000 for this purpose, and the building is known as the "American Nurses' Memorial."[1]

Spread of the New Nursing.—From this beginning the new style training (called the Nightingale System) spread to many cities in France, Rheims, Dijon, Pau, Cambrai, twenty or more in all. Some of the hospitals which adopted it were large ones that had before been in the hands of Roman Catholic sisters.

Paris did not believe in the new system nor its principles. A woman head, with real authority, seemed to Frenchmen unthinkable. Dr. Hamilton spoke before the National Congress of Charities in 1903, but only partially convinced them.

Paris Tries Again.—In 1907 the Paris authorities made another attempt at training nurses. They set themselves the enormous task of establishing a municipal training-school which should include the whole hospital system of the city.[2] Provision was made for a two-year course for one hundred and fifty pupils. The Directress was a

[1] The cornerstone was laid in June, 1921.

[2] There are over 30,000 hospital beds, with 8000 attendants.

cultured woman, a midwife, but not a nurse. As one visits the school it appears to compare favorably with the average training-school in America. The pupils are intelligent and are given a full course of training. It seems not, however, to have done much to improve the nursing of the Paris hospitals.

There are two private training-schools in Paris which claim to give modern training.

There is a general feeling that, owing to the French social prejudices, it will be for a long time impossible to induce the educated French girl to take up nursing. It may be borne in mind, however, that the same feeling was common in both our own country and in England when the first training-schools were opened. The greatest difficulty in France, as indeed it is in the whole of Europe, lies in the fact that practically all young women marry early, if possible. Nurses must therefore be recruited from the ranks of those who for some reason (usually lack of a dowry) are unable to marry. This makes the number available very small.

The Red Cross Society of France gives lecture courses to the public, and permits lay pupils to visit hospitals with doctors. Many of the women who cared for the wounded in the World War have received such training and found it a great help.

The Maternité of Paris trains midwives for the whole of France, giving a one-year course; each city pays for the pupils which it sends. There are also schools of midwifery in nearly every part of France. During and after the World War the American Red Cross did much to promote modern nursing in France. Through their efforts six American cities in 1918 invited six French graduate nurses to come for postgraduate work, all their expenses being paid. In 1919 the Red Cross sent two French and

one Belgian nurse to Teachers' College in New York. Wonderfully fine women were chosen for this honor.

The American Hospital.—In 1904 there was felt to be need for an American hospital, and in 1906 the organization was effected. The site of an old chateau in Neuilly-sur-Seine, a suburb of Paris, was purchased, and a building to accommodate about forty patients erected. The first patient was received in the spring of 1910. The staff is entirely American, though eminent French specialists are called in consultation. The nurses are American graduates. An attempt was being made in 1914 to start a training-school when the war broke out. The American Ambulance (see Chapter XX), which did such a remarkable work in the recent war, was an outgrowth of the American Hospital, though the organizations were quite separate.

School and District Nursing.—The first visiting nurse began her work in Bordeaux in 1908. She was Mlle. Amory, a graduate of the Protestant Hospital.

A national association of visiting nurses was organized in 1914, its special work being among tuberculous patients. It had eleven stations in Paris alone.

Public school nursing was tried in Paris in 1908–09 with pupil nurses, but it was not an entire success. In 1912 Mlle. Rolland established school nursing in Bordeaux.

SWITZERLAND

Nursing is not organized on modern lines, but even the severest critics admit that it is being well done. Reforms take place so quietly that they are not recognized as such. Nurses are well paid.

Most of the hospitals are municipal, and there are good deaconess hospitals. The eastern part of the country is German, the western French, and each part copies the

nursing methods of its neighbor. A Red Cross school was established in 1899 at Berne, and gives a two-year course. The Society of Swiss Women established in 1901 at Zurich a school with a three-year course. There are a number of sisters' hospitals with training-schools, the one at Ingebohl also giving training to lay women.

The school of La Source at Lausanne, already mentioned (see Chapter III), was begun in 1859, before Miss Nightingale began her school in England. It has never been large, and gives only a small amount of hospital work. It gives them no supervision after graduation, an unusual proceeding in Europe.

There is a Swiss Nursing Association, its membership including medical men and women, the president being a doctor. It has about 1600 members. It is a part of the Swiss Red Cross. It has a list of approved training-schools, and gives a semi-annual examination to acceptable candidates. It maintains an employment bureau and has a relief fund.

The World War greatly stimulated nursing interests. Switzerland had the enormous problem of handling the allied prisoners of war who were being returned to their own countries. Many of these were ill and required skilled nursing.

HOLLAND

Before the middle of the nineteenth century the nursing of Holland, both in hospitals and in homes, was done chiefly by Roman Catholic nuns. With the development of the Deaconess Order most of the work was transferred to their hands. There were also a good many nurses of the ignorant servant class.

About 1875 a gradual change began. The Red Cross Society, the White Cross Society, and the Deaconess

Hospitals began to give training. In 1882 the Dutch Association for Sick Nursing was founded, a body much like the American Hospital Association, with both men and women members. In 1898 this society made an inquiry into nursing conditions and found them bad. Nurses were kept on duty for excessively long hours, had few holidays and little time off, were not allowed proper time for meals, and had very insufficient teaching, whether theoretic or practical. In short, the situation was not unlike that of our own country during the same time.

In 1900 an association was formed, called *Nosokomos* (Nursing), admitting only nurses to membership. It felt that the larger association did not adequately represent the nursing interests, and that it was time for the nurses themselves to try to better nursing conditions. They have worked for state registration, feeling that the setting up of fixed standards would bring the hospitals into line.[1] Later an Association of Directresses of Training-Schools was formed in an attempt to accomplish more.

Not much progress has been made in improving nursing conditions, probably because the women of Holland are still dominated by their men, who do not appreciate the conditions of woman's life.

There are many men nurses in Holland, and they have a national organization of their own.

District nursing has been done for many years by the Deaconesses organizations. In 1900 it was begun under lay nurses, with hospital training. Amsterdam, The Hague, and Rotterdam have well-organized district nursing associations which care for both free and paying patients.

[1] In 1915 an attempt was made to secure registration laws.

BELGIUM

Before the present war Belgium was making good progress in the training of nurses, though the work was yet in its early stages. Most of the nursing was done by nuns, assisted by servants. The nuns received a certain amount of training. A number of training-



Fig. 68.—Staff of Hospital in Antwerp, Belgium, during the World War. (Courtesy of Lakeside Publishing Co.)

schools were established by doctors, who laid emphasis upon the theoretic work given; these schools were reasonably successful.

The first school along more modern lines was one under municipal control, organized in 1907 in Brussels. The course was three years, and the training was given in

four hospitals, in each of which the nursing was done under a trained woman; an English nurse, Miss Cavell,[1] was at the head of the school. Antwerp also had a municipal training-school for nurses which was developing well.

In 1908, with very little discussion, state registration for nurses was established. The standard required was low at first, but was later raised; the examinations were given by physicians and could be taken by any one, trained or untrained, who was eighteen years of age. The religious orders did much toward raising the standard still higher, so as to emphasize the practical side of nursing, and were making slow progress. This registration movement is an interesting example of one which grew naturally and did not fight its way.

The first school nurse in Belgium worked in the city of Brussels in 1910.

NORWAY

Education is general in Norway and organization is looked upon as a matter of course. Nurses' training, therefore, met with no great difficulties, though its progress has been slow.

The Red Cross Society is the most active agency in all sorts of nursing. In 1894 it began to train nurses systematically. A home was established where a preliminary course was given; the nurses then went to different hospitals for medical, surgical, obstetric, and tuberculosis training. This course was taken by several hundred nurses. There are many Red Cross hospitals, and the society sends nurses into both private and district work, making a specialty of tuberculosis.

The Deaconess Order also does a considerable amount of good work in hospitals and elsewhere.

[1] Shot as a spy by the Germans in 1915.

Nursing conditions in Norway may be regarded as ideal, and progress satisfactory.

SWEDEN

During the Middle Ages nursing in Sweden was done chiefly by Roman Catholic sisters, who worked both in hospitals and in private duty. Later the work fell into the hands of lay men and women and was not well done. The Deaconess movement influenced Swedish nursing, and several hundred deaconesses who have had one and a half year's training in the work are thus employed. The Deaconess homes also give a year's course in nursing to paying pupils. At the Samaritan Deaconess Home in Upsula an eighteen months' course in district nursing is given.

The Red Cross began training nurses with a four months' course, but soon found it too short. Through Frederika Bremer, the author, Miss Nightingale gave training at St. Thomas' to Miss Emmy Rappe, who started an excellent school under the Red Cross and was for years at its head. This school gives two years in the various branches of hospital work and follows it with eighteen months of private duty.

Queen Sophia was interested in nursing, and in 1884 started a nursing home with a St. Thomas' nurse in charge. The course is three years and the training is given in several different hospitals. Many of its graduates remain with the school, on the same basis as deaconesses do.

Some of the Roman Catholic sisters' hospitals give a two- or three-years' course, some only eighteen months.

Sweden finds short courses of various sorts adapted to her needs and is not afraid of them. Courses of one year are given in several places to women who wish them.

One good insane asylum gives six months' work to graduate nurses. The hospitals for the insane are as a rule good and well provided with nurses.

There is a General Pension Fund for Nurses, established in 1896; also a Benevolent Society which provides sick insurance for them. There is a national organization of nurses, and a nursing journal, called *Humanitet.*



Fig. 69.—Danish nurses, Bispejerg Hospital, Copenhagen.

Norway and Sweden are interesting examples of countries where nursing development has not been forced, but has gone on naturally. Progress has been slower, but there have never been the conflicts that there have in America, England, Germany, and France.

DENMARK

The hospitals of Denmark are nearly all under government supervision. Deaconess orders are common and much of the nursing is in their hands.



Fig. 70.—Ward in Rigs Hospital, Copenhagen, Denmark. Nurse at work.

The Red Cross is active in Denmark and has trained nurses since 1876. They gave only short courses at first, but now have a three years' course which includes all branches. They also give a ten months' course for country nurses.

Modern nursing was introduced into the government

hospitals in 1876 by Dr. Fenger, and it was then that educated women first took it up. In 1911 a law was passed requiring hospitals for the insane to have at least a few trained nurses on their staffs. The custom is to



Fig. 71.—Miss Charlotte Munck.

have the various departments of a hospital quite separate, each with its own head, each training nurses in its special line.

The first nurse who was the actual head of a training school was Miss Charlotte Munck, a graduate of the

Presbyterian Hospital of New York, who in 1913 took charge of the school at the Bispejerg Hospital, Copenhagen.

At the meeting of the Danish Council of Nurses held in 1918, 3000 "properly trained" nurses were reported.

FINLAND

In time past Finland's nursing was done by religious orders, whose work included both prescribing and nursing.

Later there were government hospitals and those belonging to deaconess orders. In the former the nurses were mostly middle-aged or elderly women, often with a family to support, and were quite untrained. The deaconesses were largely women trained in Germany, Russia, or Sweden.

A modern training-school was founded in 1888 at Helsingfors, by Dr. F. Salzmann. The course was at first only in surgical nursing and but six months long; later this was changed. It has had two matrons trained in England, and Miss Nightingale gave much help.

At the University Hospital in Helsingfors short courses are given in district and hospital work for rural nurses.

There is a national nurses' association. Baroness Mannerheim was at one time its president.

AUSTRIA

Modern nursing does not exist in Austria. There are great hospitals, with elegant buildings, and their surgeons and physicians are among the best in the world; but the nursing is frankly admitted to be poor.

In the famous General Hospital of Vienna, with two thousand beds, the nurses were of the servant class, were engaged by the man superintendent (without a "character"), and there was no woman over them. They slept



Fig. 72.—Ward in Children's Hospital in Vienna. (From Hofmokl, "Wiener Heilanstalten.")



Fig. 73.—Austrian midwife. (From Hofmokl, "Wiener Heilanstalten.")

in cubicles in the wards and took their meals there. They were badly overworked,[1] their wages were low, and they expected fees from the patients. One observer characterized their condition as "inhuman."

In the Rudolph Stiftung at Vienna they had an "extraordinary system," where part of the nurses were Catholic sisters under a head sister, while the rest were lay nurses under the doctors. No effort was made to teach them, but they were said to be kind to the patients.

The Rudolfinerhaus, at Vienna, and the Elizabeth Hospital, at Buda-Pesth, were nursed by Red Cross sisters, who were given a species of training during three years' service.

There was a large order of the Brothers of Mercy working in men's hospitals. They also did district work, the only known instance where this has been undertaken by men.

Austria has twenty-six schools of midwifery connected with the large universities, where midwives are taught and have hospital experience. The city which sends them pays their expenses.

CZECHO-SLOVAKIA

This new country, formerly a part of Austria, has a modern school of nursing at Prague. It was begun in the spring of 1920, under the American Red Cross, with Miss Marion Parsons and Miss Alotta Lenzall in charge, and is a success.

ITALY

Italy has many old and very beautiful hospitals, the buildings dating from the Middle Ages. They are under the control of the Roman Catholic orders, and both

[1] They had a twenty-four-hour period of duty, then a broken day, then a night's sleep, then another twenty-four-hour period.

monks and nuns serve in them. The criticism is made that the nursing is controlled by the priests rather than by the doctors. Much of the care of patients falls to paid servants, whose work is very poor; they are paid only about fifteen cents a day, and exact fees from patients at every opportunity. Many of the important nursing procedures are done by doctors or medical students. Even in private nursing a student may be sent along with a nun, he being on call for special work, she watching the patient.

There are several so-called courses of training being given by doctors to lay men and women, the time spent being two to six months. The instruction is both theoretic and practical, but the students are too unlettered to profit by it, and the results are very poor indeed.

In 1894 was made the first attempt, so far as is known,[1] to train Italian girls as nurses in a modern way. Miss Amy Turton, an English nurse, began a school in Rome, and persisted with the most difficult sort of pioneer work. In 1896 she induced Miss Grace Baxter, an American nurse, to undertake a similar work in Naples.

In 1901 Signora Celli, a German-trained nurse, wife of a doctor, made a thorough investigation of hospital conditions in Italy, and by the publicity given to her report stirred up a good deal of interest for their betterment. The queen herself took up the matter, and has given much help to the struggling training-schools. In 1908 Signora Celli made a second report, which further stimulated progress.

It is very difficult to induce Italian girls to take a nurse's training, as they are strictly chaperoned, and it is

[1] Thompson states that "in 1883 three Bellevue graduates and two English nurses went to Rome and introduced modern methods into a hospital for English and American travelers."

almost unheard of for an educated young woman to go away from home. Also, they marry very young, usually before they are sixteen, and few who do not become nuns remain unmarried. This makes the number available for training very small. For these reasons Miss Turton



Fig. 74.—Dispensary work in Italy. (Courtesy of Lakeside Publishing Co.)

advocates the retention of nuns as nurses in hospitals, but urges that they be trained.

Signora Celli opened a second training-school in Rome about 1904. Miss Dorothy Snell took charge of the one founded by Miss Turton; in 1913 this school graduated sixteen nurses from a full course.

In 1906 the Pope became interested and started a train-

ing-school for nuns under his own auspices. In 1912 a school was started at Milan in the Medico-Chirurgical Hospital which used modern methods. In 1918 the hospital for the insane at Genoa first permitted a woman nurse to help care for men patients.

There is now (1920) an Association of Trained Nurses in Italy.

The work is still in a pioneer stage, and must go slowly until social conditions are modified somewhat. Meantime these little schools are shining lights on the path of progress.

SPAIN

Nursing in Spain is in much the same state that it is in Italy, if anything, worse. Hospitals are under religious control, the nuns are head nurses, the patients being cared for by ignorant men and women, while doctors and medical students attend to all important procedures.

In 1896 Dr. Rubio, a famous and influential surgeon, organized a nurses' training-school in Madrid. His pupils were absolutely illiterate, but the good doctor hopefully undertook to give them a complete course in two years. Their working hours were from 5 A. M. to 10 P. M., their duties arduous, their rules very strict, their uniform hideous, and the whole scheme amounted to restrictions as great as those of convent life.

In 1910 Dr. Gutierrez was in charge of this school, and engaged Miss Marie Zomak, a nurse trained in Germany, to take the head of the school, with the understanding that reforms were to be made. She first went to Bordeaux, France, and studied the methods of Dr. Hamilton and Miss Elston. Her results have been most encouraging.

With this one exception, nursing in Spain remains of the worst medieval type, and any change seems far away.

RUSSIA [1]

All hospitals in Russia were under a central medical board, the head of which was a medical man appointed by the Czar. There were very large general hospitals and many small special hospitals.[2] The nurses came almost entirely from the lower classes; they were both male and female, and married couples were often employed; widows



Fig. 75.—Ward in woman's hospital in Russia.

were especially well thought of for the work. The calling was semireligious.

In 1854 the Grand Duchess Helena founded the nursing order of the Sisters of Mercy, which admitted all creeds,

[1] Since the World War conditions have been so chaotic and so rapidly changing, and information so meager and contradictory, that we have no real knowledge of nursing in Russia.

[2] Petrograd was said to have the finest woman's hospital in the world.

had no vows, and wore a lay dress. They did good work in the Crimea.

In 1878 a school for female "dressers" was established, giving a two-year course. Their work was the preparing and giving of medicines, the preparing and doing of surgical dressings, and some other skilled work. They stood in a higher class than did the nurses.

The Russian Red Cross gave training to many nurses, the teaching being largely practical and classes few. These schools were always attached to hospitals.

Midwives have always been of importance in Russia; for a long time they were all German. In the early part of the nineteenth century short courses in midwifery were given, with both lectures and practical work. In modern times midwives took two-year courses at the great universities and lying-in hospitals. Shorter courses were provided for country midwives. They were examined, licensed, and paid by the government for district work among the poor.

In Petrograd one-third of the births took place in the City Maternities, of which there were sixteen, scattered so as to be readily accessible. They were in charge of midwives; middle-class patients as well as the poor went to them.

GREECE

Greece appears throughout her history to have been either too warlike or too artistic to be humanitarian. Both medicine and nursing have been neglected subjects. The sick were taken care of by their own families as best they might be. The absence of large cities made the problem of the sick poor less acute. The few nurses there were belonged to the servant class, and nursing has always been regarded as menial work.

Until 1884 Athens, the capital, had but one hospital—

the Municipal. Another was dedicated that year, having been built out of the gifts of citizens; it was small, having but three hundred patients the first year.

The Royal family, who have been the most progressive people in Greece, have for some time interested themselves in nursing. As far back as 1875 the Queen requested



Fig. 76.—Miss Kleonike Klonare. The first Greek woman to take a full course in nursing.

a doctor to write a text-book for nurses. Later she decided to send Greek girls abroad for training in this work.

Miss Kleonike Klonare was the first to come to America. She graduated from the Massachusetts General Hospital in 1899, being the first Greek woman to complete such a course. After some postgraduate work she was for two years assistant superintendent at the New England

Baptist Hospital, then returned to Greece. She nursed in the Royal family[1] and was asked by the Princess Sophia to take charge of the Children's Hospital of Athens upon its completion. She organized a training-school for nurses which gave a good two-year course.

In recent years Sophia, then Queen, undertook to send a number of Greek girls to America for training. Two graduates of the Athens Children's Hospital were sent to Boston for a two-year course and some special work. On their way back they visited hospitals throughout Europe as a further preparation for their future executive work. At one time there were seven Greek women under Royal patronage taking nurses' courses in the United States, four in Boston, the others in New York and Philadelphia.[2]

Queen Sophia did everything in her power to interest the women of her country in nursing and to make them feel that it is skilled labor, suited to the educated woman.

OTHER COUNTRIES

Bulgaria.—Early in 1914, Queen Eleanor became vitally interested in modern nursing, and selected Helen Scott Hay, formerly of the Illinois Training-School (Chicago) to organize it in Bulgaria. The war stopped the carrying out of these plans.

Poland.—In 1919 the American Red Cross trained nurses' aides in Poland. After the war the same organization undertook to start training-schools of the modern type. In 1921 two schools were begun under their

[1] Miss Klonare nursed the King during his illness in 1915.

[2] Two graduates of the Baptist Hospital, Miss Kalafati and Miss Paterou, did private nursing in Greece under Royal patronage. Miss Dervishoglan, who graduated from the Massachusetts General, was in charge of a hospital in Constantinople.

auspices, one at Warsaw in charge of Helen Bridge, and one in Poznan, under Ita McDonnell. Both schools are successful.

SUMMARY OF IMPORTANT POINTS

In *Germany* hospitals and nurses' training are largely in the hands of Roman Catholic sisters and of deaconesses; the Red Cross Society also does a considerable amount, and there are state training-schools. It is the custom for nurses to retain a permanent connection with their schools and to be controlled by them all their lives. The "Free" sisters are those nurses who resent this custom and who are working independently; they are doing much to better the conditions of the nurse's life in Germany.

Nursing history in *France* is that of a succession of attempts to train uneducated men and women. It has been persistently and brilliantly worked at, but without success. Much of the nursing is now done by Catholic sisters, whose duties are much restricted and whose training is scanty, or by persons inferior both mentally and socially. Dr. Anna Hamilton has succeeded in introducing the "Nightingale System" into a considerable number of hospitals, and the movement is making its way slowly.

Nursing in *Switzerland* is not yet thoroughly modernized, but the work is almost everywhere well done, and still further improvement is being gradually and quietly made.

Holland's nurses are largely deaconesses, but there are a good many of the lower class. Hospital nursing is done under very hard conditions. The hospital and nursing associations have worked for some time to secure reforms, but progress is slow. District nursing is well organized in several cities.

Before the present war *Belgium* was making fair prog-

ress in modernizing her nursing. The Catholic sisterhoods were especially active in promoting better methods and in pushing registration.

In *Norway* nurses' training is given by the Red Cross Society and by Deaconess orders. Conditions are ideal and progress is steady, though slow.

In *Sweden* nursing is largely in the hands of the deaconesses, though some Roman Catholic orders are at work. Queen Sophia was much interested in nursing. Short nursing courses are popular.

The nursing in *Denmark* is chiefly in the hands of the Red Cross and the deaconesses. Modern methods are being gradually introduced.

The hospitals of *Finland* are either under deaconesses or the government. English nurses have introduced modern methods of training.

Austria's nursing has always been that of the Middle Ages. Nurses were uneducated and their working conditions intolerable. Much nursing was done by religious sisterhoods and brotherhoods. Midwifery training was excellent.

Italy's nursing is much like that of Austria, except as a few small schools of modern type have been started. There are two schools in Rome and one in Naples which are doing pioneer work, and matters are extremely hopeful for a new era in nursing. Social customs make progress slow.

Nursing in *Spain* is hopelessly medieval. There is one successful school of modern type at Madrid, which is, so far as is known, the only attempt of the sort.

Russia's nurses were chiefly of the lower class, but some fairly successful attempts were made to give them a species of training. The work was earnest, but not progressive. Midwifery training was, however, good.

Nursing in *Greece* was an utterly neglected subject until recent times. The Royal family took the matter up and sent a number of nurses to America for training. Hospitals and training-schools were started in Athens.

The *American Red Cross* in 1920 started four modern schools of nursing: one in Prague, Czecho-Slovakia; one in Warsaw, Poland; one in Poznan, Poland; and one in Constantinople.

CHAPTER XVII

NURSES AND TRAINING-SCHOOLS IN ASIA

All effective medical work and nursing which is done in Asia is the result of missionary endeavor. Whatever skill the ancients may have had in the care of the sick was long before our day lost in a mass of superstition. Of nursing, for centuries there was none worthy of the name.

Anatomy is an unknown subject, since religion forbids the dissection of the human body. India guesses that there are nine hundred bones in the body, and has never thought of counting them. China endows the body with five tubes leading from the mouth to the stomach, one for each kind of food. . . . All agree that nervous diseases and delirium are the work of evil spirits, and abuse the sufferer in order to dislodge the spirit. In obstetrics the practices seem calculated to sacrifice life or entail lifelong suffering.[1] In therapeutics all agree that the more weird, powerful, and nauseous the dose, the more effective it is.[2]

The first skilled nursing in Asia was doubtless done by women doctors, who, with little or no training in the work, had to care for the sick as best they could with their own hands. Native helpers were made use of in illness and

[1] A board is placed across the abdomen and pressure exerted by a person sitting at either end. If there is an abnormal presentation, the child may be pulled at until actually dismembered.

[2] "A patient reported that she had eaten more than two hundred spiders and a large number of snakes' eggs without receiving any benefit." (China.)



crude training was given them; but very soon the need of trained nurses was felt and the call went out for them.

With the advent of the trained nurse into the mission field[1] came the possibility of properly training native men and women to care for their own sick. Tradition and prejudice have obstructed progress, but the foundation of the work has been laid, and we now find in almost every country the beginnings of expert nursing for the people.

JAPAN

Nursing in Japan is recent in origin, but has developed rapidly and well. The old nursing in homes is described as follows: "The ties binding members of a family are strong; the consequence is that they are not content that one person should care for the sick member, but the whole family at once vie with each other in giving relief. The result is that they all become exhausted by sleepless nights and anxious watching, and give up in despair."[2]

The first hospital in Japan was built by the government in 1857, and was put into the charge of a Dutch physician.[3]

Dr. John C. Berry, of Massachusetts, was in 1872 made Medical Director of the International Hospital at Kobe. In 1883 he proposed the establishment of a nurses' school for Japanese women. The need of such work was admitted, but it was opposed on the ground that the status of the Japanese woman was such as to render such a step premature and hazardous.

The First Training-school.—Prejudice was overcome enough to admit of a trial, and in 1885 Miss Linda Richards came from America and opened at Kioto the first training-

[1] The Protestant Episcopal church alone has five hundred missionary nurses.

[2] Dr. John C. Berry.

[3] The first American physician who was allowed to practice was Dr. James C. Hepburn, of the University of Pennsylvania, who began work in 1859.

school for nurses in Japan. There were five pupils, two of them educated in mission schools and three of them married women.



Fig. 78.—Miss Linda Richards in Japan. (From "Reminiscences of Linda Richards," published by Whitcomb and Barrows.)

The pupils nursed in the wards of the hospital, worked in the dispensary, and did district work under supervision in

the homes of the people. The district work was regarded as an important means of breaking down prejudice and opening the way for nursing by actual demonstration.[1] The nurses wore American uniforms, but in the care of patients the Japanese customs were followed.[2] Patients'



Fig. 79.—Japanese Red Cross Nurses. From left to right, Sister Kasai, Sister Kiyooka, and Sister Yamamoto. (Chandler.)

families came to the hospital with them, so that they should not be lonely, and sometimes helped with the care.

[1] The nurses were allowed to keep the money which they earned on outside cases.

[2] The beds consist of cotton-filled comfortables, placed on mats on the floor. For warmth, a charcoal brazier is placed inside a species of bed cradle and covered with comfortables. Meals are served on a tray only a few inches from the floor.



Fig. 80.—Group of Japanese doctors and graduate nurses who served in France in the World War (1915). (Copyright, Underwood and Underwood.) (Courtesy of "The Trained Nurse and Hospital Review.")

Both hospital and training-school grew.[1] In two years there were twenty nurses in training. The school became a model for all future work. The graduates were engaged, even before they had finished training, for positions in other hospitals.

Miss Richards remained until 1890, when the school passed into Japanese hands. She may be regarded as having laid the foundation of trained nursing in Japan.

Training-schools were started by the Japanese themselves in other hospitals, with modern methods and a progressive spirit. In 1909 there were over one hundred schools. The Japanese women are steady, self-sacrificing, and make excellent nurses. They have developed self-reliance and organizing ability.

Red Cross Schools.—Japan's Red Cross Society joined the international organization in 1887, and in 1890 began to open training-schools in the hospitals under its control. There are a number of these schools; some give a three-year course. Their graduates have worked in naval and military hospitals. One authority (Dock) states that Japan and the United States are the only countries in which Red Cross nurses are required to be graduates.

In the wars with China and Russia many Japanese nurses, trained and untrained women, worked at the front; in the Russian War there were 2700 who thus served their country, and who received official recognition.

A considerable number of Japanese women have taken nurses' training abroad, and many go to England and America for postgraduate work.[2]

There is a national association of nurses.

[1] Miss Richards supplied a demand for home nursing instruction to mothers and grandmothers.

[2] The Superintendent of Nurses at St. Luke's Hospital, Tokyo, is Araki San, an American-trained woman.

CHINA

Skilled nursing in China is of very recent date. Its early history is even now being made. The country has always been far behind in medical matters, doubtless because of the firmly rooted belief that disease is caused by evil spirits. Many of the native doctors are men who failed in other occupations; no license nor diploma is required for one to practice medicine, and that in a country where learning is revered. Nursing among the people is practically non-existent; the care of the sick is looked upon as work fit only for coolies. Also the people fear to handle the sick because they think that the evil spirit which caused the illness may enter their own bodies. They will not touch a dead body, and to touch a sick person is nearly as bad. Sometimes the sick are put outside the door to die, so that the devils will leave the family.

Early Hospital Conditions.—The first hospital in China was established at Canton in 1835 by Dr. Peter Parker, a man of distinguished ability. Other missionary hospitals have followed, and there are now many excellent ones.[1]

A part of the care of the patients was taken by their relatives. "There were no nurses, as we know the word. There were men and women who learned to help in the dispensaries, sterilize dressings, give medicines, and do treatments to a limited degree. They were called 'dressers' and are still found all over China in the mission hospitals. They had little or no book-training; some were married women with children and worked only part time. They did noble work, so far as their knowledge and

[1] St. Luke's Hospital, at Shanghai, began work in 1866; Wuchang Hospital began in 1878; the Porter Hospital, at Pang Chuang, in 1882.

capacity went but the overworked doctors could not train them further, neither were they the right material to make trained nurses. Only with the advent of the foreign trained nurse has there been any possibility of a better grade of helper." (Quoted from "A Missionary Nurse.")

Beginnings.—So far as it is possible to discover, the first graduate nurse to begin work in China was Mrs. Thompson, wife of Arch-deacon Thompson of Shanghai, who went from America in 1883, and was for twelve years in active work at the West Gate Hospital of Shanghai. Another early missionary nurse was Miss Ethel Halley, from Australia, who began work in Shanghai in 1891. She has trained native nurses since about 1906.

As far back as 1895 Dr. Saville, of the London Mission at Peking, had a class in nursing and dispensing. The missionary hospitals trained doctors, who worked in the wards and did much of what we should call nursing.

Dr. Eleanor Chestnut, who was a graduate nurse, before her death in 1903 (she was killed in one of the anti-foreign riots) had a school for women physicians, one for nurses, and one for masseuses at Lien Chow.

Some of the hospitals which established training-schools for native nurses were as follows:

St. Luke's Hospital, Shanghai.

The Union Training-School (three missions) in Peking, 1905.

The Wesleyan Mission, Wuchang, 1905.

The David Gregg Hospital, Canton, 1907.

Soochow Hospital, 1907.

Elizabeth Bunn Memorial Hospital, Wuchang, 1907.

Nanking Union Nurse Schools, Nanking, 1908.

Magaw Memorial Hospital, Foochow, 1911.

Williams and Porter Hospitals, Tehchow, 1915.

Yale Hospital, Changsha.

The number is rapidly increasing. The Central China Mission has schools in several places.[1]

Because of the peculiar ideas of the Chinese, it is necessary to have separate hospitals for men and women, and to employ men nurses for men patients. Many Chinese men are taking up the training and make good nurses.



Fig. 81.—The China Nurses Association, 1914. Mrs. Thompson, the first trained nurse to work in China, is near the center, also Miss Elsie Chung (now Mrs. Lyon), the first Chinese woman to take a nurse's training. Miss Simpson, the founder of the association, is at the extreme left.

There are only a few institutions for the care of the insane, and they are of indifferent quality.

Private nursing hardly exists in China, as all the graduates are needed for hospital positions faster than they can be supplied.

The China Nurses' Association.—In 1907 Dr. P. B. Cousland, translator for medical work in China, said to

[1] In 1914 Shanghai had seventeen hospitals, all American or European.

Miss Cora E. Simpson, of Foochow, that he felt it time that the foreign nurses working in China should get together and organize. He offered a page in the China Medical Journal as a medium of communication. A circular letter was sent to every hospital in China, asking for information as to work already done in the training of nurses, urging that more be undertaken, suggesting a standard course of study, the translation of text-books for nurses, and the formation of a nurses' association.

In 1909, chiefly through Miss Simpson's efforts, the China Nurses' Association was formed. A few group meetings were held that year, and in February, 1910, the association met with the Medical Association at Hankow, and began its work. The Terminology Committee of the Medical Association agreed upon a standard word for "nurse" in Chinese, which was later adopted by the nurses.

Registration.—It was in 1910 that the Board of the Central China Medical Association began to give public examinations to nurses and to present certificates to those who passed them. Public examinations are time-honored and respected in China, and the practice has done much to put nursing on a dignified plane.

In 1913 the Nurses' Association prepared a *standard curriculum* for training-schools, and planned for examinations and registration certificates both for schools and for individuals.

There were in 1915 about one hundred members of the association, and it was an influential organization. Mrs. Elsie Lyon (*née* Chung), the only Chinese nurse trained abroad, a graduate of Guy's Hospital, London, was Vice-President of the association and a member of the national examining board. In 1922 there was a considerable number of Chinese members, including men nurses. That

year Miss Simpson was appointed secretary for two years and given the work of inspecting the training-schools of the whole country, her mission board releasing her for the purpose.

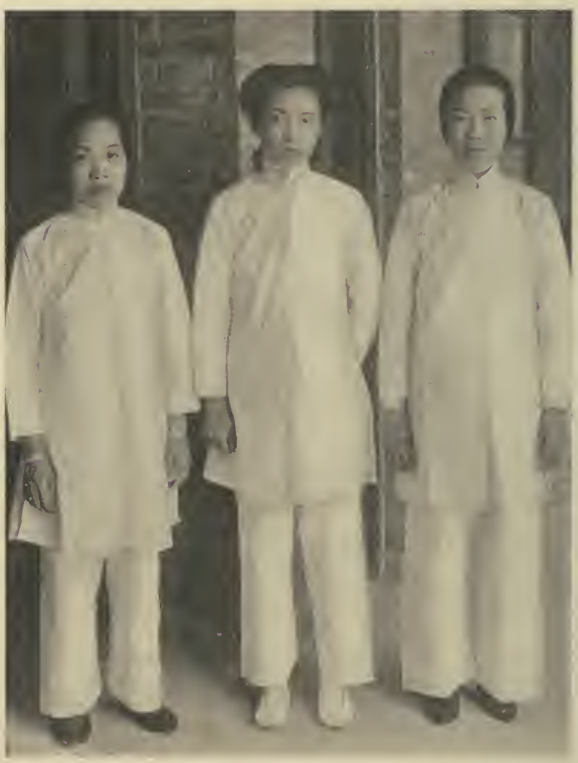


Fig. 82.—Three registered nurses of China.

The Pioneers.—"Names that should be remembered are those of Dr. Philip Cousland, of Shanghai, the nurses' best friend; Dr. Lucy Gaynor, who started one of the first

schools in Nanking, and who died of typhus contracted by caring for patients; Dr. Mary Fulton, who helped with the early schools at Canton, and who has done much work in translating; Mrs. Caroline M. Hart, of Miku, the association's first president; Miss Mary Ogden, the second president; Miss Maud T. Henderson, Miss Alice Clark, Miss Gage, and Miss Hope Bell, who did much to make the association what it is."[1]

Text-books.—Before her death Dr. Chestnut began the translation of Hampton's "Nursing"; Miss Ruth Boggs finished it. Mrs. Lyon has recently translated the "Oxford Handbook of Nursing" into Chinese, and President Yuan Shi Kai, whom she nursed, has given the money to publish it. Dr. Cousland has prepared an Anglo-Chinese dictionary for nurses. Other translations are: "Abdominal Surgery," by Fullerton; "Till the Doctor Comes," by Hope; "The Roller Bandage," by Hopkins; "Materia Medica," by Dock; an "Anatomy and Physiology," a "Probationers' Manual," a "Bacteriology," a book on "First Aid," one on "Obstetrics," one on "Sanitation," etc.

The Outlook.—In a paper read at the China Nurses' Association in 1914 Miss Simpson said: "We are here to build up a great profession. We must have educated women for it. . . . The Chinese live in great families, and the nurse will always find plenty of cheap, unskilled labor ready to help with work which they can do, leaving her free for the more scientific part. In hospitals, ward maids save the nurses' strength and give them time for study. Dependence upon such service by no means unfits the nurse for her place after graduation. If we demand all work and no study, we cannot get educated women,

[1] Quoted from a letter of Miss Simpson's.

and if we do, they are not strong enough to do both.[1] If we do not train our nurses in books, we shall soon find the profession looked down upon by the educated Chinese, the very ones who might quickest help the nurses to help China. If you cannot get the educated women up to the standard they ought to attain, do not call them nurses.



Fig. 83.—A Chinese training-school in 1915.

If you do, it will harm the name when you want the better women to take up the work.

"We foreigners are here for a few years at the longest.

[1] Chinese women of good class have for centuries led an indoor life, and because of foot-binding, etc., got little exercise. They are, therefore, lacking physically, and cannot do the hard manual work which nurses do in other countries.

China will one day control her own institutions. The nurses must be taught as soon as possible to rely upon themselves. They must eventually be the teachers of the women of China."

Government Training of Nurses.—The Chinese Government has already undertaken the work of training nurses. It has appointed Dr. Yamei Kin, who graduated



Fig. 84.—Miss Cora Simpson of Foochow, China, and her 1913 graduating class. (The nurses are Grace Go, Alice Cieng, Sarah See, and Mary Ding.)

in the United States, as *Director of Nursing and Medical Work for Women*. A school of nursing has been opened in Tientsin, with forty pupils; its superintendent is Mrs. Lyon.

The **"Yale in China"** movement, at Changsha, has done an enormous work for the health of China. Its medical school and hospital were begun in 1915 and are now in active operation.

The Rockefeller Commission, formed in 1915, which is undertaking to help extensively with medical work in China, was much impressed with the importance and need of nurses' work in China. It undertook to support a



Fig. 85.—Nurse dressed for caring of plague, Shantung, China. (Courtesy of Lakeside Publishing Co.)

nurse for translation work. It also established five scholarships for the study of nursing in America for Chinese women who are able to meet their requirements in the English language.

KOREA

A number of American women have done missionary nursing in Korea with great devotion and success. The first foreign nurse who worked there was Miss Ellers; she went in 1886. (In 1884 the King of Korea had built The Royal Korean Hospital, the first in the country, with Dr. N. H. Allen in charge.) In 1895–96 Miss Anna P. Jacobson, of Portland, Me., worked in Korea, dying after a short service. In 1897 Miss Esther Shields, of Philadelphia, began work, and in 1906 opened the first training-school for native nurses. The school is at the Severance Hospital in Seoul.

The first two native nurses were graduated in 1908 from this school. They were Mrs. Martha Kim and Mrs. Grace Yee. A report of this school says, "A number of applications for training come in, but many are excluded by our rules; they must be Christians, not too young, etc. Only married women are taken. Class work is carried on by two Korean doctors, two Korean nurses, and the American superintendent. There are calls for Korean nurses to do district work, hourly nursing, and to give massage in foreign homes; also to assist Korean doctors with obstetric cases in Korean homes."

American text-books, translated into Korean, were used in this school.

In 1916 the Morton Hospital at Haiju had a nurses' training-school, with Miss Battles in charge.

About 1916 the Japanese, who had seized the government, established a state examination for nurses.

INDIA

Nursing in India is as truly the work of Florence Nightingale as is nursing in England, though less directly trace-

able to her. For thirty years or more Miss Nightingale devoted a large part of her time to the health problems of India, and formulated plans which were gradually put into force by the government. All later work has been built more or less upon her foundation.[1]

The need of nurses and of women doctors for India was a most bitter one. No man physician was permitted to examine or treat a woman; the most that he might do was to feel her pulse from the other side of a curtain. Obstetric practice was in the hands of densely ignorant midwives, and was most brutal. The early age (eight to twelve) at which most of the girls married further complicated matters, so that difficult labors were common, and the results in unskilled hands very terrible. Similar conditions still exist. There are numerous native nurses, ignorant and immoral, who are practically doctors for a large class.

Beginnings.—As in other mission fields, women missionary doctors probably did the first skilled nursing. After them English nurses went into the mission hospitals, and finally American nurses followed them. Low-caste native helpers were employed in hospitals and dispensaries, but they lacked the education to make competent nurses. The missionary doctors recognized the need for training native women in nursing, and began early to attempt it.

Early Training-schools.—Probably the earliest attempt to train native nurses was by the Sisters of St. John the Baptist, who established, about 1860, the Canning Home for Nurses in memory of the Countess Canning, and taught the nurses at the European General Hospital.

[1] Most of the hospitals are supported or partly subsidized by the government.

The Zenana[1] Bible Medical Mission had English trained nurses from 1882 on, and kept in mind the training of native women. In 1888 Miss Gregory opened a school for native nurses at Lucknow. The mission now has several hospitals giving full courses.

The Sisters of All Saints began in the 80's to train native nurses, and after 1907 gave full courses. The



Fig. 86.—Training-school, Nellore Hospital, Nellore, India. (Dr. Gerow, R. N., Dr. Benjamin, and nurses.)

North India School of Medicine began similar work in 1894,[2] and after 1900, under Miss Winifred Thorpe, gave a three-year course. The Albert Edward Hospital at Kolhapur began training in 1890, and from 1905 did

[1] The zenana is the women's quarter of the house. Indian women of good class are kept in strict seclusion.

[2] Isabella Bird Bishop, the noted traveler, gave the first hospital to Kashmir.

superior work. In 1896 the Canadian Presbyterian Mission in Central India began giving training under Miss Harriet Thomson; the American Evangelical Lutheran Mission in South India in 1899.

Many other missions have done excellent work in training native nurses, and have been able, little by little, to break down caste lines and make women see that nursing was not menial. Foreign doctors and nurses have relieved an appallingly enormous mass of suffering which native religions left untouched; their influence has naturally been in proportion. The Hindus, who resent the introduction of foreign ways, and especially of foreign religions, now admit that the greatest hold has been gained by medical work among women.

The Countess of Dufferin's Fund.—By far the most extensive work in caring for the sick has been done by the *National Association for Supplying Medical Aid to the Women of India*, ordinarily known as the Countess of Dufferin's Fund. This work is nation-wide, and is a unique and remarkable piece of work, absolutely without parallel in history. The movement was the result of a suggestion made by Queen Victoria to Lady Dufferin when she went out to India as wife of the Viceroy.

The plan involves three lines of work: (*a*) Medical tuition—training the women of India as doctors, hospital assistants, nurses, and midwives. (*b*) Medical relief, the establishing of hospitals and dispensaries, especially in the smaller towns, providing in particular for women and children. (*c*) Supplying trained nurses and midwives to hospitals and private families.

The association was organized in 1885 (see Chapter VI), and from the first had official recognition from the government. The original fund was very large, being contributed to by prominent persons in England and by native

princes in India.[1] A large amount was set aside as endowment. The work is organized under a central committee and has independent branches in every province. It affiliates with all medical missionary work, and under certain conditions grants aid to it. It keeps free of sectarian entanglements, yet helps every society that gives medical aid to women.



Fig. 87.—Training-school at Brindabau, India. (Courtesy of Lakeside Publishing Co.)

Its earliest school for nurses was established in 1886 at the Cama Hospital in Bombay, a government hospital for women and children. Miss Edith Atkinson, an English

[1] Even in early days some native princes gave largely to hospitals. The Grant's College Hospital at Bombay was given by Sir Jamsetja Jejeebhoy, a Parsee, and in 1869 his wife and children built a hospital for incurables. Another Parsee gave an ophthalmic hospital about the same time.

nurse, had charge of the school for nineteen years, until her death. She graduated over two hundred nurses, the length of training being gradually increased from one year to three.

There are many native Indian nurses, both from the Countess of Dufferin's Fund schools and from mission hospitals, who have been put in charge of hospitals and are doing excellent work.

The Lady Roberts' Fund has also supplied many nurses to India. In one district they reduced the typhoid death-rate from 52 to 17 per cent.

Lady Minto's Nursing Association has done much good work in public health; it also supplies a limited number of nurses for private duty.

Training.—There are many large government hospitals with good training-schools in charge of English nurses. Their pupils are Anglo-Indians (Eurasians), not natives. They also train native attendants (ayahs).

Native girls are trained in the mission hospitals. There is always the requirement that they be Christians and have an education equal to eight grades of common school. Some of them are famine orphans. Some are high caste girls, and few are very low caste. The government hospitals are always eager for mission hospital graduates. Obstetrics is an important specialty, and each nurse is taught to deliver.

Nursing in India is greatly complicated by the existence of castes, whose lines are very sharply drawn. These distinctions are slowly breaking down.

Organization.—The Association of Nursing Superintendents of India was formed in 1907. By 1917 there were about one hundred members, all foreign. The Trained Nurses' Association of India was formed in 1911, and includes many native nurses.

"The Nursing Journal of India" was established in 1910. Mrs. Klose, its editor, was also for some time president of the Nurses' Association. In 1910 the Bombay Nursing Association formed a central board whose work should be to standardize training, to give examinations to graduates, and to grant certificates.

CEYLON

Dr. John Scudder was probably the first medical missionary to go to Ceylon. He began his work in 1819. Burdett reports that in 1893 there were nurses of both sexes being trained and paid by the government. The men took their work under doctors; the women under a lady superintendent. Dr. Mary A. Scott, herself a nurse, established the first modern training-school for nurses in Ceylon.

In 1900 there were said to be good hospitals for natives all through Ceylon, mostly with English women as superintendents, and with many Dutch women as head nurses. Two very good hospitals are the Lady Havelock at Colombo, with an entire staff of women; and the Civil General at Colombo (350 beds), with French Sisters in charge and most of the nursing done by native helpers.

Before 1900 there was organized an Association of Trained Nurses in Ceylon. There were only ten members, all doing private duty.

JAVA

In 1914 Madame Stokvis-Cohen, a doctor, established a hospital and started a training-school, with two native girls as pupils. The natives were at first afraid of it, but shortly grew enthusiastic about its work, especially as baby welfare work was one of its features. In a few years there were seventeen nurses in training.

PERSIA

In the older times Persia had government hospitals in all its chief cities, with paid attendants to care for the sick. These hospitals were for non-contagious diseases only; and despite the frequent epidemics of communicable diseases, no hospital ever provided for them.

At the present time there are but three native hospitals, and the good medical work is done by missionaries. Dr. A. Grant and his wife (a nurse) were the first medical missionaries in Persia; they went out in 1835. The Westminster Hospital at Uroomiah was built by Dr. J. P. Cochran in 1880. The American Hospital of that city was largely the gift of one man; it gave a species of training to both men and women nurses.[1]

Miss H. D. McKim, graduate of the Toronto General Hospital, went to Persia as missionary nurse in 1903. Miss Janet McVeigh, of the Colonial Nursing Association of England, and Miss Elizabeth H. Stewart, of the Medico-Chirurgical Hospital of Philadelphia, did missionary nursing in Teheran.

Of the native hospitals, the Royal Hospital at Teheran took only men patients; students of the medical college got experience here. At Meshed there was a government hospital for both men and women, employing nurses of both sexes.

Dispensaries were established at Tabriz, Resht, and Kasvin, with doctors in charge. At Hamadan the Lillie Reed Holt Memorial Hospital was opened about 1908.

A hospital for trachoma is reported (1920) at Alexandropol, in Armenia, near Mt. Ararat, which is said to have 6000 beds and to be the largest children's hospital

[1] This work is now thoroughly disorganized on account of the recent extensive massacres.

in the world. It is staffed by Russian and American religious sisters and Armenian nurses.

Much of this work was destroyed during the war.

TURKEY

Before the World War Constantinople had a considerable number of native hospitals, with paid attendants. The Children's Hospital was built by the Sultan in mem-



Fig. 88.—Turkish and Armenian Nurses at the Children's Hospital at Alexandropol. (Courtesy of Amer. Jour. of Nursing.)

ory of a favorite daughter; it was nursed by German deaconesses with native ward attendants; when Dr. Nicholas Senn of Chicago visited it, he pronounced it excellent.

There were ten hospitals for foreigners in Constantinople. The British was in charge of English trained nurses; the German, under deaconesses; the French, Austrian, Italian, Greek, and Russian hospitals were nursed by Sisters of Charity.

In 1920 there was an American hospital organized under the Red Cross, with Miss Lyda Anderson as superintendent. The training-school began with seven pupils, who received their teaching in English.

ASIA MINOR AND SYRIA

There were a number of missionary hospitals that had started training-schools for native nurses, and were making slow but excellent progress. The Protestant College at Beirut was among the first; their school was begun in 1906, in charge of Miss Jane E. Van Zandt, of the New York Post-Graduate Hospital. Miss North had a school at Cæsarea. The Smith Hospital at Aintab established a school in 1909 under Miss Alice Bewer, of the Philadelphia Hospital. Miss Bewer and Miss Wortabet translated nursing text-books into Syrian or wrote them in that language.

The Kaiserswerth deaconesses had hospitals at Beirut and at Jerusalem.

Miss Emma D. Cushman, of Paterson, N. J., went in 1899[1] to Konia (the Iconium of the New Testament). She taught nursing to native girls for some years, and in 1908 organized a training-school. The course was from two to four years, according to the ability of the pupil. She wrote of her work:

"Konia is almost entirely Mohammedan, having only a small percentage of Greeks and Armenians. The nurses are Greek or Armenian, never Moslem.

"Nursing and nurses are very recent accomplishments in Turkey. Ten years ago only widows and men did such work, but now we have no difficulty in getting plenty of graduates from mission schools. The hospital here is

[1] She had been in executive work in the United States.

quite on the American plan. The nurses wear uniforms of the regulation stripe, and a cap which is a protection to them, as it sets them apart as persons engaged in a holy work.

"For text-books I have been using Aikens' 'Primary Studies' and 'Clinical Studies,' translating them lesson



Fig. 89.—Visiting nursing in Jerusalem. (Block loaned by Hadassah, the Women's Zionist Society of New York City.)

by lesson, and adding explanations as required. The Turkish language is poor and lacking in scientific terms, but the Greek nurses recognize those that come from their language.[1] The pupils from mission schools know a little English.

"One of my graduates is head nurse here, and one is our operating nurse. One is doing fine work about three

[1] French is the business language.

hundred miles east of us, trying to redeem a horrible native hospital."

District nursing in Jerusalem was begun by *Hadassah*, a woman's Zionist organization. Mr. and Mrs. Nathan Straus, of New York, started the fund for this work. In January, 1913, Miss Rose Kaplan, of Mt. Sinai Hospital, New York, and Miss Rachel Landy, of Cleveland, began the work in a settlement house. They had the co-operation of two doctors. They also did school nursing under Dr. Ticho, of the Zion Eye Clinic.

In a year's time they so won the children that they would come to them of their own accord if their eyes were at all troublesome. They reported an incredible amount of eye trouble, chiefly trachoma, and said that if contagious eye troubles and contagious impetigo were excluded from the schools, there would be almost no school left.

Before the war an English nurse, Miss Edith Johncock, was training native nurses at a hospital in Nazareth. In 1916 she was made inspector of hospital nursing in Palestine.

SUMMARY OF IMPORTANT POINTS

Skilled nursing in Asia is entirely the result of missionary endeavor. Probably the first nursing which was at all good was done by women doctors. With the foreign trained nurse came the possibility of training native men and women for this work.

In *Japan* in former times the whole family took care of a sick member in devoted but unskilful fashion.

The first modern training-school for nurses was established in 1885 under the direction of Dr. John C. Berry, by Miss Linda Richards of America. Miss Richards remained five years and made the school a model for all future work.

Many modern training-schools, started and carried on by the Japanese themselves, have been organized; in 1909 there were over one hundred of them.

There are a number of Red Cross training-schools which give a full course. In the war with Russia 2700 trained nurses served the Japanese Government.

Japan and the United States are the only two countries whose Red Cross Society demands that its nurses be fully trained.

Nursing in *China* is of recent date and training-schools are only beginning. The Chinese are afraid to touch a sick person.

The older missionary hospitals had "dressers" who were instructed in a few procedures, but no nurses. Trained nursing probably began about 1895, but little was done until about 1905.

There are now a goodly number of training-schools for native men and women connected with missionary hospitals, a full course being given to educated pupils. Men nurses are necessary, as a Chinese woman may not nurse a man.

The China Nurses' Association was formed in 1909. There are one hundred members, a part being Chinese. The association has planned a standard curriculum, and conducts examinations for registration.

A goodly number of American text-books for nurses have been translated into Chinese.

The Chinese Government has undertaken the work of training nurses. It has a school of forty at Tientsin.

The Rockefeller Commission is planning very material help in nursing work in China.

Modern nursing began in *Korea* with Miss Ellers in 1886. A training-school was established at Seoul in 1906, and did an excellent work for native nurses.

Nursing in *India* is indirectly the result of the work of Florence Nightingale. Native nursing was practically non-existent.

Native nurses were first trained by the Sisters of St. John the Baptist and by the Zenana Bible Medical Mission. Several training-schools for native nurses were begun in the 80's, but modern courses were not given until about 1900. Most of these courses are in mission hospitals.

The Countess of Dufferin's Fund has trained women doctors and nurses since 1885, and has done an enormous amount of excellent work. Native nurses are in charge of hospitals and are making progress.

There are two nursing associations in India and a nursing journal.

In *Ceylon* Dr. Mary A. Scott opened the first training-school for native nurses. There are now many good ones, mostly in government hospitals.

There were but three native hospitals in *Persia*. There were missionary nurses at work, but no training of any importance had been attempted.

The hospitals of *Constantinople* are nearly all nursed by foreign trained nurses, deaconesses, and Sisters of Charity.

There are throughout *Asia Minor* and *Syria* a number of training-schools for native nurses in connection with mission hospitals. None of the pupils are Moslems.

Two Zionist nurses did district work in *Jerusalem*.

CHAPTER XVIII

NURSING IN MANY LANDS

In the older English colonies, such as South Africa, Australia, and New Zealand, nursing is almost abreast with Europe and America. In Latin America and the pioneer countries it is only just beginning.

AFRICA

In *South Africa* there are many graduate nurses working, some of them American, but mostly English. There are excellent hospitals and good training-schools; nearly all the schools are in charge of English graduates. Cape Colony was the first country in the world to establish state registration for nurses; it was begun in 1891, at the request of about sixty nurses. The Registration Board is composed entirely of physicians. Registration laws were passed in Natal in 1899, and in the Transvaal in 1906. There is a South African nurses' association and a good nursing journal (See Chapter XXI.)

In *Egypt*, at Alexandria, Port Said, and Cairo, there are hospitals nursed by English graduates. At Cairo there is a government training-school for nurses, in which natives have been trained since about 1900; but there is said to be little demand for native nurses. A number of American nurses are at work here.

In *Algiers*, Miss Elston, of Bordeaux, France (see page 268), took charge of a hospital in 1913 and developed it.

On the *West Coast* there are a number of English hospitals, with graduate nurses in charge.

In 1901 Miss Agnes P. Mahoney, who had been Superintendent of Nurses at the Metropolitan Hospital, New York, went to *Liberia* as missionary nurse, and did pioneer work for a considerable number of years. Miss Agnes Ward, well known in training-school work in New York, also worked in Liberia and made some attempts at training native women in nursing.

In *Central Africa* there are a number of mission hospitals, with English or American graduates in charge.

On the *East Coast* there is at Mombosa a government hospital with a staff of English nurses. At Tanga there is a German deaconess hospital. At Zanzibar there are a number of hospitals, the English one, under the Universities Mission, doing considerable in training native nurses; the men are found more satisfactory pupils than the women.

The training of the native African as a nurse is still in the experimental stage, since there is not even civilization to build upon.

LABRADOR

One of the best-known medical missions in the world is that of "Grenfell of Labrador."[1] Dr. Wilfred T. Grenfell

[1] Dr. Grenfell, born in England in 1865, was a graduate of Queen's College, Oxford, and a pupil of Sir Frederick Treves at the London Hospital. His work has been that of a medical missionary, healing the sick, doing skilled surgery, and preaching the gospel. He went out with his first hospital ship in 1892, and spent three months along the coast of Labrador, treating hundreds of sick. He has not only established hospitals, but has opened schools, a Seaman's Institute, an orphanage, several co-operative stores, and has established new industries for both men and women. His boundless energy and enthusiasm, his great ability, and his practical good sense have drawn to him skilled doctors, nurses, teachers, and other helpers.

He selected Labrador as his field because he felt it to be an especially difficult one. "Had he been a weakling or a coward, he

began work about 1893 among the deep-sea fishermen of Newfoundland and Labrador, establishing a hospital at Battle Harbor for summer work. The first nurse who helped him in this hospital was Miss Paton, of Halifax, N. S., who remained through the winter, doing visiting nursing by long sledge trips. Miss Cecelia Williams, Miss Ada Cawardine, and Miss Maud Bussell, all of England, worked in the Battle Harbor Hospital during its first years.

There are now hospitals at St. Anthony and Pilley's Island (Newfoundland), Harrington, Battle Harbor, and Indian Harbor (Labrador), each with doctors and graduate nurses. There are nursing stations at Forteau and St. Paul's River, Labrador, that serve an extensive territory. There are about seventeen nurses at work, five of them Canadian graduates.

One of the first American nurses to enter this work was Miss Kennedy, of Johns Hopkins Hospital, who went about 1906 and remained for four years; in the summer of 1908 she went the whole length of the Labrador coast with Dr. Grenfell. The Mission speaks of her as "a nurse of the finest type, with marvelous powers of endurance." Miss Sarah A. Cannon, of St. Luke's Hospital, New York, has done a variety of service, and is now engaged in winter visiting nursing in about seventy stations. Miss Florence E. Bailey, of England, went out in 1907 and has worked in a number of the hospitals; she is now alone at Forteau.

Nurses and doctors spend their summer vacations, often

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would long ago have died or been driven out by the dangers of his life along that perilous coast. He has out-sailed the Labrador skippers, out-dared them, done under their eyes deeds of courage which they would shiver to contemplate, never in a fool-hardy spirit, always with the object of kindly service. He is a man unafraid." —James Johnston.

at their own expense, working under Dr. Grenfell. Harvard and Johns Hopkins medical schools send doctors every year; the Presbyterian, Roosevelt, and St. Luke's Hospitals of New York, the Massachusetts General of



Fig. 90.—Dr. Grenfell and his staff at St. Anthony's Hospital, Labrador, 1914.

Boston, and others are accustomed to send nurses for this interesting but difficult work. The Victorian Order of Canada also helps. Dr. Grenfell and his staff are expert surgeons, and all the work is of high quality, though some of it is done under most primitive conditions.

ALASKA

Nursing in Alaska is done chiefly in mission hospitals. Bishop Rowe[1] has been the chief founder of the work, which began only with the "Klondike rush," upon the finding of gold. The work has been of a migratory character, changing as the population changed. If in a suddenly developed town of some Alaskan "find," where a thousand miners, prospectors, and others appear over night, the demand arises for hospital work, some way is managed to plant a hospital and a nurse along with a chapel. When that demand for medical help declines, the work is discontinued and carried to some other place.

The first nurse to go to Alaska was Miss Elizabeth Deane, who went out in 1897 and took charge of Grace Hospital at Circle City, in the far north. Miss Eliza J. Woods and Miss Annie C. Farthing followed her here; in 1906 the hospital was discontinued. Miss Annie Dickey and Deaconess Carter have worked at Skagway; Deaconess Deane worked at Valdez and Ketchikan; Miss Farthing at Fairbanks. Miss I. M. Emberly has done work at Fairbanks and at Skagway. Miss Agnes Huntoon took charge of the Ketchikan Hospital in 1911. Miss Agnes Bolster has been missionary nurse among the natives since 1907, her salary being paid by St. Barnabas' Guild for Nurses.

The native girls help in the care of the sick, but no organized attempt has yet been made to train them.[2]

TUBERCULOSIS WORK AMONG THE INDIANS

About 1909 the United States Government had its attention turned to the alarming prevalence of tuberculosis

[1] Of the Protestant Episcopal Church.

[2] Thanks are due for this information to Rev. E. B. Rice, of the Church Missions House, New York.

among the Indians. It appropriated funds for sanitaria and home instruction, and has increased the amount each year.

Four sanitarium schools for tuberculous Indian children have been established; at Toledo, Iowa, Laguna, N. M., Phœnix, Ariz., and Fort Lapwai, Idaho. Indians from six to twenty-one years of age who have incipient tubercu-



Fig. 91.—Patients and Deaconess nurse superintendent at United States Government Sanitarium School for Tuberculous Indian Children, 1915, Fort Lapwai, Idaho.

losis live and are educated in these institutions, work and study being regulated by the physicians and nurses. The nursing is in charge of graduates from recognized training-schools. The sanitarium at Fort Lapwai accommodates two hundred children; its chief nurse for some years was Deaconess Mary Elizabeth, a woman of unusual ability.

The work in these sanitarium schools has been eminently successful, as nearly all the cases treated have had the disease arrested, and have gone back to their homes to spread the gospel of fresh air, good food, and proper sanitation. Pupils are received from about thirty-five tribes.[1]

CUBA

Nursing in Cuba was formerly done almost entirely by Spanish Sisters of Charity. The Church hampered their work, and in hospitals most of the actual nursing was done by servants from the lower classes; their work was so badly done that even their very name, *enfermero*, was a term of reproach.

At the close of the Spanish-American War, when the United States occupied the island, the Church withdrew the Sisters and sent them back to Spain. This left the hospitals and their nursing in the hands of United States military officials, a situation unique in the world's history.

There was but one course to follow—to put American trained nurses in charge of the hospitals and to take up the matter of training for native nurses. There were the difficulties of previous poor work and of native customs and prejudices. There was the one great advantage of a clear field for work. There followed a remarkable piece of nursing organization and development.

Major L. J. Greble, head of the Department of Charities and Sanitation, called Mrs. Lucy Quintard and Miss Sarah Henry, women who had been superintendents of large schools in the United States, to be special inspectors of hospitals and to assist in the establishment of training-schools for native nurses.

[1] This information was obtained through the courtesy of the United States Indian Department.

The native Cubans are far from being good material for nurses. They lack education and force of character; they are emotional and affectionate, but are more like children in their attitude toward life than like mature persons. The task of selecting and training them has been one of extreme difficulty, but it is being done with a goodly measure of success.

The first American-controlled school[1] was opened in August, 1899, at Havana, with seven pupils, under Miss Mary A. O'Donnell, of Bellevue Hospital, New York.[2] The second was the one established in March, 1900, at the Civil Hospital of Cienfuegos, under Miss Jeanette Byers, of the Woman's Hospital of Philadelphia. In rapid succession came schools under Miss Eugenie Hibbard, Miss Gertrude Moore, Miss Mitchell, and Miss Sampson.

In 1901 Major J. R. Kean (who had taken Major Greble's place) appointed a board to draw up a system of regulations for training-schools for nurses in Cuba. The board consisted of three prominent Cuban doctors, Mrs. Quintard, and Miss Hibbard. The two American nurses did practically all the work, since the doctors deferred to their knowledge and experience. Miss Hibbard is chiefly responsible for the plan of organization. It is regarded as one of the most creditable pieces of work ever done by American nurses.[3]

The training-schools flourished, and by 1909 Cuban

[1] Early in 1899 a Cuban doctor had started a nurses' training-school in Havana, but it was in existence only five months.

[2] Miss O'Donnell translated Hampton's "Nursing" into Spanish.

[3] It was ruled that a training-school must have at least twenty pupils; that the course was to be three years; and that the hours of day duty were to be only eight. State registration was made compulsory.

graduates were placed at the head of new schools. A corps of visiting *sanitary* nurses was organized, with American nurses in charge.

The National Nurses' Association of the Republic of Cuba was organized in 1909, and has several hundred members.

In 1908 Miss Hibbard was made Inspector-general of Nurses for Cuba.[1]

PORTO RICO

The most noteworthy work done in the training of nurses is that which was begun about 1902 at the Municipal Hospital of San Juan, by Miss Amy E. Pope, of the Presbyterian Hospital, New York. During two years of work Miss Pope put the school on a firm basis. She left it in charge of Senorita Pilar Cabrera, a Porto Rican woman trained in the United States, who has continued it successfully, training lay nurses and Sisters of Charity in modern methods. Miss Cabrera translated into Spanish Maxwell-Pope's "Practical Nursing."

The Presbyterian Mission Hospital also has a good modern training-school, and also does district nursing.

St. Luke's Hospital, at Ponce, on the south side of the island, also has a modern training-school, taught in English.

HAITI

The first training-school for nurses in Haiti was established in October, 1918 by Miss L. D. Jordan and Miss J. Y. Raymond, at the City General Hospital, Port au Prince.

[1] In 1903 Miss Hibbard was sent by the Isthmian Canal Commission to be Chief Nurse at the Ancon Hospital, Panama, a position that involved organization. She returned to Cuba about 1906 and is still there.



Fig. 92.—First Training-school in Haiti. (Courtesy of Lakeside Publishing Co.)

MEXICO

Mexico has the distinction of possessing the oldest hospital in America. It is the Hospital of Jesus the Nazarene (originally called the Hospital of the Immaculate Conception), built in Mexico City about 1520 by Cortez, the Spanish conqueror of the country. Its superintendents are now appointed by descendants of Cortez; it is nursed by Roman Catholic Sisters.[1]

Formerly most of the nursing in Mexico was done by Sisters of Charity and their work was regarded as good. In 1857 reform laws were passed and the sisterhoods were suppressed. Nursing largely fell into the hands of untrained and ignorant persons.

[1] Two other very old hospitals are those of St. Lazarus, founded about 1530, and the Royal Hospital, founded about 1540.

In 1885 one of a party of tourists from New England who were stopping in Mexico City contracted smallpox and died. The inadequate care available for him started a movement for an American hospital. This institution was shortly established, and has for years done excellent work; it is nursed by American graduates. There is a considerable number of American nurses doing private duty in the city of Mexico and elsewhere, chiefly among the American population.

The Mexican General Hospital, a government institution, finished about 1905, is one of the finest hospitals in America. It has 1040 beds, and consists of thirty modern, well-equipped buildings, erected at a cost of about $1,500,000. A training-school for Mexican nurses was organized in 1906 under Miss Mary J. McCloud, an American graduate.

There are a number of railway hospitals in Mexico, built and maintained by the American companies that own the roads. They are nursed by men.[1]

AUSTRALIA

Australia is a comparatively new country, having been settled by the English, who have pushed back or assimilated the natives. Nursing is modern and has made good progress, keeping very close to that in America and England.

The first hospital was the Sydney Infirmary, opened in 1811. Its nursing was done by servants, while the doctors attended to the more important procedures. In 1868 Miss Lucy Osburn and four other Nightingale nurses came from England. Miss Osburn established a modern train-

[1] All work has been so disorganized by the recent revolutions that it is impossible to say what present nursing conditions are.

ing-school in the Sydney Hospital, and the others did pioneer training work in other cities.

With the coming of five more Nightingale nurses a few years later modern training for nurses began to be an established fact. The difficulties were considerable; probationers were hard to get, doctors thought the movement a dangerous one, and opposed it. The early training extended through but one year; nurses were badly housed and fed, much housework was required of them, and their hours were long. Only gradually did these conditions improve.

Four of the best known training-schools are those in the Alfred Hospital at Melbourne and the Prince Alfred at Sydney, both opened in 1871; the Brisbane Hospital School, opened in 1885; and the one at the Adelaide Hospital, opened in 1886. These schools have been developed under some very fine women, and now give full and good three-year courses.

District nursing in rural districts, called "bush" nursing, was begun in 1911 under a fund started by the Countess of Dudley. The Lady Talbot Milk Institute employs two nurses in infant welfare work. There are insurance nurses and one or two nurse sanitary inspectors.

School nursing has been started in Hobart. There is medical inspection of school children in many places and school nursing will doubtless follow shortly. Hourly nursing has succeeded to an extent among the middle classes.

The national nurses' associations (see Chapter XXI) were founded in 1899 and 1901, and have a large membership. An interesting feature of these organizations is that for a number of years their officers were doctors. Later, without any friction, the nurses came to hold office. It is the general opinion that physicians and nurses work

together more harmoniously here than in almost any other country.

State registration was put into effect in 1912. The Australian Trained Nurses' Association[1] controls admissions to training-schools and regulates matters of registration. It has reciprocal agreements with New Zealand and the Transvaal in South Africa; the three hold uniform examinations and transfer nurses from one association to the other. This constitutes a remarkable example of co-operation.

Australia has two nursing magazines (see Chapter XXI).

NEW ZEALAND

The progress of nursing in New Zealand has followed rather closely that of Australia, and the advance has been commendable.

The first hospital was built about 1850, at Auckland, but was small and inadequately nursed. In 1885 it had grown to one hundred beds, when Miss Alice Crisp came out from England to be its matron. She established a training-school in 1889, which now has about eighty nurses.

The Wellington Hospital established the earliest training-school, beginning in 1883. It has furnished nurses for many important positions. Christchurch Hospital, built in 1862,[2] organized a school in 1887. Donedin Hospital, connected with the medical school, opened its training-school in 1888.[3]

There are now about fifty hospitals in New Zealand, and the majority of them have training-schools for nurses.

[1] In 1915 the Association had four thousand members. There were 132 registered hospitals.

[2] Its old-fashioned nursing was regarded as good.

[3] The course was at first but one year, but was soon lengthened to three years.

Four hospitals, all called St. Helen's, train nurses in midwifery, giving a course of a year.[1] Each nurse is required to deliver and care for twenty cases. The graduates are regarded as very competent.

There have always been many men nurses in New Zealand because of the scarcity of women; only a few of them have taken training.

A few native (Maori) girls have graduated in nursing, and have done successful work.

District nurses are working in several cities, under philanthropic societies. Several nurses are doing baby hygiene work. Rural nursing, called "back block" nursing, is being gradually organized.

A National Nurses' Association was formed in 1909. State registration was begun in 1902, being put forward by the government, not by the nurses. A fine reciprocity exists between them, South Africa and Australia. (See Australia.)

About 1882 the government established the office of Inspector of Hospitals. In 1895 he was given a trained nurse assistant, the first woman in that office being Miss Grace Neill, later Miss Hester Maclean. Their work has done much to improve training methods.

New Zealand has a nursing magazine (see Chapter XXI).

THE PHILIPPINES

Before the American occupation of the Philippines at the close of the Spanish-American War nursing was almost non-existent. Health conditions were about as bad as could be and the death-rate was very high. Hardly a family of the lower class escaped tuberculosis, hookworm was very prevalent, smallpox, cholera, malaria, beriberi,

[1] Postgraduate work is also given.

and other communicable diseases were rampant. The infant mortality was enormous.

The Bureau of Health, established by the United States Government, with responsibility for the medical and sanitary inspection of the whole group of islands, has done a remarkable work. It aids private hospitals and charitable societies in doing health work. It controls Bilidid Prison Hospital[1]; the Baguio Hospital (for government employees)[2]; and the Culion Leper Hospital, in the island of Cebu. Doubtless the first and most efficient and operates the Philippine General Hospital; the San Lazaro (for communicable diseases and insanity); the instructors in health have been the officers of the United States Army and the American public school-teachers.

The first nurses who came to these islands were those of the army and the Red Cross.

Miss Anna E. McEvoy went to Manila in 1898, and was made Chief Nurse of the Military Hospital on Corregidor Island, a position which she held for some time with great distinction. Later she became superintendent of the famous San Lazaro Hospital, and did a remarkable work. She died in 1911 as a result of her long and arduous labors in the islands.

The first training-school for native nurses is said to have been organized in 1906 at the Union Mission Hospital in Iloilo. A government training-school for native nurses was talked of as far back as 1903, but the work was not begun until 1907, when it was started as a branch of the Philippine Normal School. The school gave one year's study, then sent its pupils to three hospitals—St. Paul's, the University, and the Philippine General. Each of these hospitals now has its own school. The Philippine

[1] These two hospitals are in Manila.

[2] This hospital also cares for the Igorots, a wild tribe.

General Hospital trains both men and women and gives a course in midwifery.

Mrs. Eleanor U. Snodgrass was the first superintendent of this school, which graduated its first class in 1911. Both men and women are admitted as pupils, and it is required that they be at least sixteen years old and have a common school education. This seemingly low stand-



Fig. 93.—Nurses of Johnston Hospital, Manila. (Courtesy of The Lakeside Publishing Co.)

ard is necessary among a people who are just entering upon civilized life.

The training of the native Filipino, who comes from and must go back to a very primitive mode of life, is no light task. The beginnings are excellent, however, and the progress is rapid. There are nurse training-schools at several missionary hospitals, the University (with ten pupils), St. Paul's (with twenty-five), the Mary Johnson,

and others. Their graduates are doing excellent public health work throughout the islands. The government is planning several new hospitals in outlying districts and will extend nurses' training work to them also. The first Moro hospital was established in 1916.

Miss Mabel McCalmont did good work in reorganizing the nursing service while she was Superintendent of the Philippine General Hospital, and was largely responsible for the planning of the buildings of the new institution. She was also Supervising Nurse of the United States Bureau of Health.

The health program of the government, cleaning up unsanitary conditions, checking tuberculosis by means of education and sanitarium care, opening milk stations, and instructing mothers in the care of their children, has required the help of American nurses, and they are doing commendable work.

An interesting work is that of the French Sisters of Mercy at the Culion Leper Colony. There are 2200 persons in the colony, and it has a hospital of sixty beds.[1] State registration was put through in 1917.

HAWAII

Nursing in Hawaii was originally very crude, and has been little developed, except as foreign graduates have taken up the work there. Nurses' training for the native women is of recent origin.

The first hospital established in the islands was the *Queen's*, at Honolulu, named in honor of Queen Emma, who took an active interest in it. In 1879 Mr. J. F. Eck-

[1] The popular idea of the danger of contagion from living among lepers is erroneous. It is much less easily communicated than many other diseases.

hardt, an American, took charge of the hospital, and for many years, with the help of an untrained man, took care of the men patients; a Hawaiian woman, also untrained, cared for the women. Even this unskilled nursing was vastly superior to what the natives had in their own homes. In 1892 the hospital began to employ American-trained nurses, of whom Miss Margaret Carroll,



Fig. 94.—American District Nurses at Paloma Settlement, Honolulu, Hawaii, about 1912.

of the New York Post-graduate Hospital, was the first. A fund has recently been given to provide for the training of native nurses.

At the Kavikeolani Children's Hospital, Honolulu, established in 1909, the first training-school for nurses was organized. In 1911 a school was started at the Kapiolani Maternity Hospital, and one in 1915 at the

Queen's Hospital. In 1917 the Children's and Queen's became affiliated.

The Japanese Hospital, Honolulu, is nursed by graduate nurses from Japan. It receives Chinese, Filipinos, and other nationalities.

The Paloma Settlement at Honolulu, founded in 1896, employs seven district nurses and has the work well organized. They have a milk station, a tuberculosis camp, etc., and are heartily supported by the churches and civic authorities.

There are a number of hospitals in various parts of the islands, most of them nursed by American graduates. The military hospital at Fort Shafter has a number of Red Cross nurses. There are many small plantation hospitals.

A goodly number of graduate nurses are doing private duty here among the wealthier classes. In 1917 a group of graduates formed a nurses' club, which in 1920 became a part of the American Nurses' Association. In 1922 it had about 125 members, all registered nurses.

PANAMA

The Santa Tomas Hospital at Panama City was founded in 1696. It was reorganized in 1856, with French Sisters of Charity in charge. It has very lovely old buildings. In 1905 the Isthmian Canal Commission took it over, and in 1908 a training-school was started, with thirty pupils. Despite the fact that the student nurses had very little education, the quality of the care given improved greatly; in 1917 the nursing curriculum included arithmetic, grammar, etc.

There is a United States Government hospital at Colon (90 beds) and a much larger one at Ancon, employing over sixty American graduates. There is some malaria,

now easily controlled. Pellagra is common, elephantiasis not rare. There is a hospital for the insane at Gamboa, and a leper hospital at Pala Saca, not far from Panama City. Visiting nursing seems to be unnecessary, since the people have grown accustomed to going to dispensaries or hospitals.

SAMOA

In 1911 a naval dispensary was established here, and in 1912 a Samoan hospital was opened at Tutuila. Two American Navy nurses began to train natives in nursing, having three men and one girl in their first class. Their graduates devote themselves to visiting nursing.

GUAM

Officers and nurses of the American Navy who were stationed here found a very high maternity and infant death-rate. They were thus stimulated to begin, in 1912, the training of native midwives.

In 1917 they had a few excellent head nurses who were natives.

THE VIRGIN ISLANDS

There are four hospitals with training schools, established by American Navy nurses. In 1915 Miss A. M. Gillette was chief nurse for the islands.

SOUTH AMERICA[1]

In common with most other Latin nations, South America has lagged behind in its care of the sick. It should be remembered that it is a vast continent, ten of

[1] This matter was furnished by Miss Charlotte Aikens, who was sent in 1919 by the Methodist Church to make a survey of the continent and to plan a program for the establishment of hospitals, dispensaries, and nurses' training-schools.



Fig. 95.—Superintendent and pupils, Virgin Islands. (Courtesy of Lakeside Publishing Co.)

whose countries are republics. Spanish is the native language, except in Brazil, which was conquered by the Portuguese. There are 12,000,000 Indians, many negroes (in Brazil), and many British, Germans, and Italians. Villages and towns do not exist, and there is practically no middle class. Most of the land is owned in great estates, and there is in the whole continent a great contempt for labor.

In all the large cities there are hospitals—numbers of them, mostly under government control, directed by the local boards of charity. They are usually staffed by the

religious orders, but the character of the work bears no comparison with that of similar orders in North America. The actual nursing is done largely by untrained men and women from the lowest grades of society. In many of the great hospitals there is no night nursing; the ward doors are locked; a night watchman has charge of the building. The strongest survive. The death-rate is appalling.

Many of the native doctors have additional training in Europe or America, and there are many foreign doctors in the large cities of the east coast. In consequence, these cities have a somewhat higher grade of care for the sick. In the interior the sick get well or die, largely without medical attention.

In Argentina, Uruguay, and Chile the foreigners have their own hospitals for their own people. The British hospitals are in charge of British trained nurses and have carried on training-schools for some years, without, however, much effect upon the nursing in native hospitals. In these schools the educational standards are gradually being raised. The students are, as a rule, half British and speak both English and Spanish. Many of them marry before completing their course, and the number of trained nurses available for either public health work or private duty is very small. The public officials stand ready to do more if nurses could be had.[1]

In Argentina there are many young doctors and medical students who are glad to add to their incomes

[1] In the large eastern cities there are good public health laws and fairly good sanitary conditions. In the interior almost nothing is done, and leprosy, smallpox, bubonic plague, typhus, and yellow fever are frightfully prevalent. In Chile 70 per cent. of the population is tuberculous, and in Brazil it is even worse. Venereal disease is a national menace. Infant mortality is appalling.

by night nursing among the wealthy; in several of the larger institutions a young doctor or student holds much the same place as a supervisor or head nurse. In such hospitals a distinctly higher type of care is given.

In most of the countries there is a well-organized system of training midwives, under the national medical school. The course is usually two years, and the midwives have a much higher standing than do nurses.



Fig. 96.—First Training-school for Spanish-speaking girls in Uruguay (Dr. Nery's Hospital), Montevideo. (Photograph by Ramón Blanco, Montevideo.)

About 1912 Dr. Victoria Grierson, an English woman who had lived there for a long time, attempted to establish in Buenos Aires a training school for nurses with a two-year course. The students were non-resident, but were expected to have at least six months' practical experience in a hospital. After great difficulty and much discouragement, the attempt was abandoned.

In Lima, Peru, some of the more progressive health officials secured two English nurses to introduce trained nursing into the city hospitals. At the Woman's Hospital good progress has been made, but at the men's hospital, after several years of struggle against indescribable difficulties, it was given up.

There is a small school in Montevideo and a larger one at Callao,[1] which seem to be succeeding in training native nurses. In 1920 a director of one of the native hospitals in Rio de Janeiro came to New York to secure two American nurses for the establishment of a training-school. They seem to have an excellent chance of success.

In all these countries nurses are meeting with the same difficulty which confronted Florence Nightingale, the fact that nursing is regarded as a degrading occupation. Added to this is the lack of education and the lack of conscience of those who present themselves for training. The influx of educated North Americans and Europeans, who are accustomed to proper care for their sick, is having its influence, so that there is a rising tide of discontent with the bad sanitary conditions, the enormous death-rate, and the poor nursing in hospitals. Much progress is hoped for in the next ten years.

SUMMARY OF IMPORTANT POINTS

In *South Africa* nursing is well developed and progressive. Cape Colony was the first country in the world to pass a registration law for nurses. In *Egypt* and on the *East Coast* of Africa attempts are being made to train native nurses. On the *West Coast* and in *Central Africa* there are graduate nurses working in mission hospitals.

In *Labrador* Dr. Wilfred Grenfell has established a re-

[1] Under Miss Louise Kurath, who has done similar work in Panama.

markable medical mission, which has attracted as workers some very fine doctors and nurses. The work is done under primitive conditions, but is excellent in quality. The first nurses who went out to it were English, but now many American nurses are entering. Nursing in Labrador, in lieu of a summer vacation, has become almost popular.

In *Alaska* the only nursing done is in missionary hospitals, which have moved from place to place with the migrations of the population. Nurses trained in the United States are at work here.

The United States Government has four sanitarium schools for *tuberculous Indian* children, with trained nurses in charge.

In *Cuba*, before the Spanish-American War, the nursing was done by Spanish Sisters of Charity. After the war they were withdrawn by the Church and the work was left in the hands of United States officials. They put American nurses of experience in charge, and a remarkable piece of organizing was done under Miss Hibbard and Mrs. Quintard. There are now a number of good schools for nurses in charge of Cuban graduates. There is a flourishing nurses' association.

In *Porto Rico* trained nursing was established about 1902 by Miss Amy Pope. It is now in charge of Porto Rican graduates. There is also some missionary nursing.

Most of the nursing in *Mexico* is in the hands of the Sisters of Charity. There are several very old hospitals. The Mexican General Hospital is a modern institution of a thousand beds, with a Canadian nurse in charge of a training-school for native women. There is a small American hospital in Mexico City, and a number of railway hospitals in charge of American doctors, with men nurses.

Nursing in *Australia* is modern and progressive. The first training-school was established in 1871 by a Nightingale nurse. There are now many good schools. District and school nursing are established, rural nursing, milk station work, etc. There is a national association in which doctors work along with nurses. State registration was begun in 1912.

New Zealand has closely followed Australia, and is making good progress. The first training-school was established in 1889, and there are now a number of good ones. Some native girls have taken training. The four St. Helen's hospitals, for training in obstetrics, are unique. District and rural nursing is being done. There is a national nurses' association. State registration has been in force since 1902. There is a government inspector of hospitals, whose assistant is a trained nurse.

In the *Philippines*, before the American occupation, there was practically no nursing, and health conditions were extremely bad. Conditions are primitive and ignorance is dense. The United States Bureau of Health has done a remarkable work in improving health matters. It has established training-schools for nurses, both men and women. Mission hospitals are also giving nurses' training. The work is very difficult, but important. The largest leper colony in the world is at Culion, and is nursed by French Sisters.

In *Hawaii* there is little native nursing. The first hospital, established about 1860, was crude, but much appreciated by the natives. American graduate nurses are doing hospital, district, and private nursing here. Japanese graduate nurses are also at work.

In Samoa, Guam, and the Virgin Islands nurses of the United States Navy have begun to train native nurses, with a considerable degree of success.

In *South America* most of the nursing is medieval in character. The hospitals are controlled by the government, and staffed by religious sisterhoods or laymen and women. The actual care of patients is done chiefly by low-grade servants, and it is difficult to induce women of education to undertake the work. In the interior, health conditions are unspeakably bad. In the large cities there are fine hospital buildings, and several attempts have been made to establish training-schools for nurses. Most of these have met with almost insuperable difficulties; but in recent years some successful beginnings have been made.

CHAPTER XIX

GREAT MOVEMENTS IN WHICH NURSES ARE CONCERNED

The nineteenth century was intensely individualistic. The twentieth has been called "the century of social consciousness." It marks the organization of many forms of social work which even in the nineteenth century were classed with dreams and Utopias. We cannot say that the twentieth century began these social activities, since the germ ideas were in the mind of men centuries back; but it has been the period of their unfolding.

The Nurse's Part.—Nurses are taking their larger place in the life of the world. The isolated hospital existence of the past is gradually giving way to co-operation. The individualistic life of the nurse of the past is broadening out into the social nursing activities of the present. The former demand was for but two or three types of nurse; the present demand is for twenty types, to fill places in the world's growing life.

In three great movements the nurse of today plays an important part: Public Health, Hospital Social Service, and Household Nursing. In the second she is still an experiment; in the first and last she is already recognized as an essential factor.

PUBLIC HEALTH NURSING

This work, which has now become a whole, began as many parts. The germ idea dates back to apostolic times, when *visiting nursing* began. The visiting or district

nurse has been and always will be connected with all great movements for race betterment.

In America, public health nursing is visiting nursing in homes. It was developed first in local units, separate and unrelated. Now the term "public health nurse" means that she is an important factor in tuberculosis work, in child hygiene, in all sorts of government health work; she is the scouting agent, the follow-up interpreter of the doctor and the health officials.

The work began slowly[1]; "Self-consciousness lagged, and recognition for the work came from others rather than from the nurses themselves who were doing it. Because of this failure to realize the meaning of events, public health nurses worked for several years, even after their organization in 1912, much detached and unfamiliar with the larger aspects of the steadily developing public health program which was moving toward a great, co-ordinated, national plan. An unforeseen call for help in a strange field of service had been courageously answered. These forerunners of a great new army of workers were not only struggling with immediate human needs, but they were trying to solve big problems involving new technic, records, clinical and social knowledge, and new associations and obligations. Finally, public health nurses found themselves through their own accumulating and shared experience.

"Let me remind you that throughout the history of public health nursing, through health visitor, health teacher, social worker, or even health inspector, the foundation, first, last, and always is *nursing*."[2]

The **antituberculosis movement** began in 1899 in

[1] See Chapter XII.

[2] Quoted from address given by Miss Ella Phillips Crandall at the American Nurses' Association in 1922.

Berlin. Its avowed purpose was nothing less than educating the whole civilized world in the main facts concerning the prevention and cure of tuberculosis. The world was ripe for it, and the idea spread rapidly. In less than three years there were seventy-five antituberculosis associations; they now number thousands.

Great meetings, exhibits, and printed matter all had an important place in this work; but it was soon found that much individual instruction was needed, much home demonstration, and much adaptation of principles to cases. Doctors did what they could, but they presently perceived that the nurse was their best helper. They found the visiting nurse ready to hand, and, with a little special instruction, sent her into the work.

Several states now have sanitaria for the care of their tuberculous poor. In some, counties have gone into the work; Michigan about 1920 started a movement to put a tuberculosis nurse in every county. In Massachusetts a law recently passed requires every town of ten thousand inhabitants to have a tuberculosis dispensary. These fast-multiplying enterprises call for hundreds of nurses to specialize in this branch; and the supply is wholly inadequate.

The **infant welfare movement,** made up of branches such as the *Association for the Study and Prevention of Infant Mortality* (organized in 1909) and the *National Child Helping Association*, designed to check the appalling death-rate of children in their early years and to insure them a reasonable degree of health, demands, above all things, nurses. It needs nurses with both general and special training, nurses able to guide the mother with prenatal care and advice, to help with or oversee the actual delivery, and to give practical aid and counsel in the early months of the child's life. The *Pure Milk* movement

alone, an essential part of the larger program, has hundreds of nurses in its service.

Every visiting nurses' association gives a large share of its attention to babies, recognizing this work to be fundamental. Hospitals and homes for babies, in town, country, and by the seaside, floating hospitals,[1] and milk stations are important factors; but it is in the end the work of the individual nurse in the home that reaches farthest and goes deepest.

School nursing, starting with medical inspection and ending with intimate work in the homes, concerning itself with the health of the growing child, has almost unconsciously grown into the life of the country. Practically everyone feels its social and economic value, and it is being rapidly extended in cities, towns, and rural districts. Hundreds of nurses are needed for the work.

The **National Organization for Public Health Nursing** was formed in June, 1912. In the beginning, a committee of the American Nurses' Association and the National League of Nursing Education discussed the formation of a national visiting nurses' association. In collecting opinions from all parts of the country, they found the time ripe for organizing a bigger and broader organization, one which should include all nurses who are working for the public health.

Miss Lillian Wald was elected president, and Miss Ella Phillips Crandall, of Teacher's College, was chosen for executive secretary. "The Visiting Nurse Quarterly," started in 1909 by the Cleveland (Ohio) Visiting Nurse Association, was taken over and made the official organ of the society.

The organization had in hand the enormous task of

[1] Such as the Boston Floating Hospital and the hospital steamers of St. John's Guild of New York.

selecting, teaching, setting at work, and encouraging the nurse who devotes herself to the improvement of community health. The secretary made personal visits to different cities, gave addresses, furnished advice on local problems, helped with questions of policy, standards, etc. An effort was made to have all nurses engaged in the work undergo special training for it.



Fig. 97.—Traveling Hospital. (Courtesy of Modern Hospital Publishing Co.)

The Scope of Public Health Nursing.—State and City Health Boards are being reorganized upon a new basis. It is coming to be felt that much of their former work—attention to water-supply, milk-supply, handling and care of food, garbage disposal, etc.—has been developed to the point where it may be handed over to the police depart-

ment; that, standards having been established and accepted, it is chiefly enforcement that is needed in these lines.

This policy leaves Boards of Health free to turn their attention to the prevention of disease. The proposal is made to educate the whole community in health matters, to get rid of the superstitition and mystery that has surrounded disease. Recognition is had of the fact that the matter becomes at once a series of individual problems, since community health in any real sense is but personal hygiene in its broad sense.

The National Public Health Association openly proclaims its dependence upon the nurses of the country for the carrying out of its program. The work which it has in mind is an extended and glorified visiting nursing, with teaching as its important feature. It is planned that every family in the land shall have instruction in the laws and practice of health. Only nurses can undertake such a task. Dr. Selkar S. Gunn, secretary of the National Association, says, "Visiting nursing is no longer largely bedside care, but largely teaching."

As late as 1915 only one national organization had nursing on its program, and one state law provided for public health nursing. In 1920 there were ten state divisions of public health nursing, and ten which combined public health nursing and child hygiene. Six states had supervising nurses in public health work.

In 1915 there were four post-graduate schools of public health nursing. There are now (1922) fifteen, and more to follow.

In 1922 there were 1800 nurses in the United States Public Health Service.

The Public Health nurse must be familiar not only with tuberculosis and other contagious diseases, and with

all that pertains to infant welfare and obstetrics, but also with midwifery, with occupational diseases, and with the social agencies of the community. She must have the necessary humanitarian impulses, and must be educated to the social viewpoint. It is difficult, but possible, to produce such a high type of nurse for this important work. Certain it is that hosts of nurses must undertake it if we are to meet the pressing problems of the day.

HOSPITAL SOCIAL SERVICE

"Social service" is a term that covers the whole field of philanthropy. It includes all activities whereby men serve their fellow-men without pay. *Hospital social service* limits the work to whatever may be done toward establishing the patient's bodily health, and involves questions not only physical, but moral and spiritual as well.

Facts Underlying the Work.—In the past the great fault of hospital service and of trained nursing has been that they considered the patient merely from his physical side, and as an isolated unit. Nothing could be further from the truth of life, and we are beginning now to see the stupidity of attempting to cure a patient without taking into consideration his environment, his past, and his future. No person is a "one dimension" proposition; no illness is the result of any one factor; no disease can be cured by any one agency.

The real causes of disease often lie far back in the past, involving heredity, childhood surroundings, youthful pleasures, labor conditions, living conditions, or home exigencies, and being the result of a tangle of causes, of which the one that seems the least may be the greatest. Recovery from illness may involve mental rest, change in another person's attitude, reorganization of family life, a new occupation, all sorts of modifications, small or great,

in which many more than the patient himself must take a share if the desired result is to be had.

The folly and ineffectiveness of our former method, or lack of method, in dealing with certain forms and cases of illness may be illustrated by the mere statement of a few concrete instances:

A mother, delivered by a midwife or by a dispensary doctor, assisted by a visiting nurse, in a week or less goes back to the care of her family because there is no one else to do the work and because neither she nor her husband knows that she should not. She becomes a half-invalid in consequence, and in time undergoes one or more surgical operations for the setting right of the trouble. Economy in any real sense of the word would have prevented the disaster.

A painter contracts lead-poisoning in his work. He is treated and recovers at a hospital, but, knowing no other trade, goes back into the same occupation. The doctor may protest, but no one knows what do to about it. The man has repeated attacks, and finally becomes invalided or dies, leaving his family dependent upon the community. Economy would have got the man into another job at the start, and prevented the waste and suffering which characterized the outcome.

Two children of a family of ten contracted scabies. They were treated at a dispensary and cured, but meanwhile had infected other members of the family, so that for a space of two years one or more out of the ten were patients, at much expense of time and money for themselves and the dispensary. One visit of a social worker got at the root of the trouble and the disease was permanently stopped.

An unmarried mother was allowed to leave the hospital with her baby, because in her ignorance and desperation

she had said that she knew where to get work. The work was not forthcoming, and two days later her body and that of her baby were recovered from the river.

A coachman, having received an injury by which he lost his leg, had no home and no funds. He was anxious to enter some business for which he was physically fit, but because no one was at hand to plan for him, he became a public dependent.

A thousand cases might be cited, and every nurse knows many more. The problems are not those that can be handled by an individual working alone, nor by a family. They are community problems, and must be met by neighborhood and community resources. The person who is to render effective help with them must be one who knows human nature and who knows where to go for the means of aid.

Hospital social service workers state that some of the chief problems are:

The tuberculous patient.
The convalescent patient.
The chronic case.
The syphilitic.
The unmarried mother.
The mentally unbalanced.
The suicidal.
The feeble-minded.
The physically handicapped.
Those who need material relief.

Forerunners of the Present Movement.—Hospital social service has always been done to some extent, but as an organized work it is comparatively new. Four of its predecessors may be mentioned.

Visiting nurse work has always had some connection with hospital service, and has doubtless pointed the way

to our modern methods, in working for the whole and permanent recovery of the sick person.

The Society for the *After-care of the Insane* was founded in England in 1880, and the idea has been followed out to some extent in this country.

The *lady almoner* has been employed in English hospitals. She was not unlike the social worker, in that she had a mind trained to her work and stood ready to use all community resources that might be needed in the treatment of any case.

In 1902 some of the students of Johns Hopkins *Medical School* organized for *friendly visiting* in connection with the Charity Organization of Baltimore, thus recognizing the social side of illness.

Founding of the Work.—It was not until 1905, however, that hospital social service was set in order and a beginning made in establishing principles and standardizing its work. In that year Dr. Richard Cabot, of Boston, seeking to improve dispensary practice in the Out-patient Department of the Massachusetts General Hospital, introduced into the medical treatment of patients the trained social worker. From his work and from his writings have grown an enthusiasm for an orderly, definite program in the consideration of illness—a program which takes in the whole life and environment of the patient, and which undertakes to meet his problems by all the resources of the family and the community.

The work at the Massachusetts General was begun under Dr. Cabot by Miss Garnet I. Pelton, a nurse. She was succeeded by Miss Ida Cannon, also a nurse, who has become one of the authorities of the country on the subject. Miss Cannon was chosen by the Russell Sage Foundation to write a book on "Hospital Social Service," a volume which almost any nurse will enjoy and find profitable.

In 1906 the work was started at Bellevue Hospital, New York, with the help of Miss Wald, Miss Mary A. Wadleigh, a nurse, being chief worker.

Several hundred hospitals throughout the country have taken up the idea, and the number is rapidly increasing.



Fig. 98.—Miss Ida M. Cannon.

In almost every community there were people who felt a need of just this sort of work, but who could not undertake it until a program was prepared for them, a formula worked out, and a definite plan of work established. It is this that Dr. Cabot has furnished.

Training for the Work.—The hospital social service worker requires special training just as much as does a nurse or doctor. One must be trained to discover "the psychic or social conditions which may lie at the root of the patient's trouble," and must know the remedy and how to apply it. She must be able to recognize whether the trouble is acute and temporary, and can be met by some simple expedient, or whether it is chronic and must be treated by a radical change in family, working, or social conditions.

"Many of the problems that come to the medico-social worker are human tangles, involving numerous other elements besides poverty; fatigue, moral danger, alcoholism, and incurable disease are some of the evils that attack mankind irrespective of economic condition."[1]

Just as an untrained woman, with the kindest intentions, may hinder rather than help a sick person in his recovery, so a person unfamiliar with the psychic and economic aspects of disease may do quite as much harm as good in a well-meant attempt to put an ex-patient on his feet again. Special training is demanded in hospital social service quite as much as in hospital nursing.

Nurses as Social Workers.—It is still an unsettled question as to whether nurses make the best workers of this kind, since they have much to unlearn. The nurse's ordinary work tends to make her insist, tacitly perhaps, that the patient be dependent upon her. The social worker's task is the opposite—to enable, and sometimes to urge, the patient to stand upon his own feet. The methods used in the two sorts of work are as different as are the viewpoints.

A few hospitals with well-organized social service departments have been able to give their nurses a short term

[1] "Hospital Social Service," by Ida M. Cannon.

of service in the work; the experience has awakened in the nurse an interest in and a consciousness of the individual patient and his problems as hardly anything else could have done. In other hospitals where social workers are employed they have many opportunities for putting the nurses into possession of facts concerning the patient that will make the work of nursing him mean vastly more than a routine of physical care. In either case the nurse's life and usefulness will be broadened and her eyes opened to the possibilities of social work.

Each year an increasing number of nurses take up the training for this work. The Boston School for Social Workers and the New York School of Philanthropy give special courses in it.

The American Association of Hospital Social Workers was organized in 1918.

The Newness of the Work.—After fifteen years the leaders in hospital social service still consider the work to be in a formative stage, and are uncertain along what lines its best development will be. There are at the present time many types of the work being done, and many interpretations of its meaning are being given to the world. The whole movement is still engaged in finding itself.

HOUSEHOLD NURSING

Doubtless one of the greatest problems of the time is that of providing proper nursing for the middle-class patient. The graduate nurse and the private hospital have supplied the need of the well-to-do patient; the visiting nurse has taken care of the poor patient. Between them lies the largest class of all, for whom no adequate arrangement exists. The fact, only recently discovered, that despite the great increase in hospital capacity (even to the accusation of "over-hospitalization"), at

least 80 per cent. of all sick people are still cared for in their own homes, adds very materially to the weight of the problem.

Doctors have constantly demanded that the trained nurse do something about this problem, and she has been given many a scheme for its solution; but since, in nearly all of these, the burden fell upon the individual nurse, no progress of any account has been made.

The *Household Nursing Movement*, initiated by Mr. Richards Bradley, of Boston, bids fair to put us far on our way toward providing proper care in sickness for the middle-class, independent citizen. Mr. Bradley tells us of its principles and practice:[1]

"The modern nurse, shortly after she began to train, became as a nurse the product or, unfortunately, the by-product of the hospital; her weak point, due partly to this one-sided training, has been her one-dimension view of the problems that a family has to meet in case of sickness. She has, doubtless because of her training, very consistently ignored the household and family side of the patient's problem. She has too often failed to see that the meeting of that phase of the problem is a necessary part of the handling of the case, and that this often cannot be done in a small household by the entire separation of the functions of household work and nursing. . . .

"Should the West Point graduate propound the theory that non-commissioned officers and privates were no longer necessary to the conduct of a campaign, it would hardly be more extraordinary than are some of the ideas that have prevailed in regard to the graduate nurse. She can be the keystone of the arch if she will realize her relation to the other parts, but she can never be until she does. The theoretic difficulties vanish, as they always

[1] This account was prepared especially for this volume.

do in practice, when good women get together in the service of the sick and helpless. . . .



Fig. 99.—Mr. Richards Bradley.

"The non-graduate nurse is the product of the human home, evolved by its human needs. She is still doing 80 per cent. or more of the nursing work of the country, and

is doing a great deal of it well. In fact, she is still filling some of the vital needs of the home in sickness, needs that have hardly been touched and are too often ignored by her more highly trained sisters. In spite of her gains in skill and efficiency with the individual patient, and in spite of her splendid accomplishments in organized public and educational nursing, the graduate nurse has not yet found a fitting place when the stress of sickness comes to the average independent family.

"Maternity nursing, since it is less of an emergency than other illnesses, is an excellent criterion by which to judge of efficiency. A recent canvass, covering about ten thousand people in Dutchess County, New York, embracing three farming townships and a city ward, showed that out of one hundred and thirteen cases of childbirth only one case had continuous care from a graduate nurse, and only eighteen any service whatever from graduates, while fifty-six had practical nurses. This district is neither remote, poor, nor unenlightened, and is doubtless a typical one.

"These conditions have been made the subject of especial study by the managers of a foundation known as the Thomas Thompson Trust. One of its chief fields of operation is in Brattleboro, Vermont, a factory town of about eight thousand, the center of a farming district. The locality contains few wealthy people, but there are few not financially independent.

"To meet the needs of this community in sickness the trustees of the fund helped in establishing a hospital and the work of a visiting nurse. They were surprised to find that, in spite of the obvious benefits from these institutions, a large part of the stress and difficulty from sickness still continued. They sought a remedy.

"There followed a long course of study and experiment

by an organization known as the Mutual Aid Association, formed to find out and meet the actual unfilled needs in the homes of the people during sickness. It resulted in a diagnosis of the trouble and in the working out of a remedy which has since been applied in more than one place. The system developed appears to be meeting the situation there and elsewhere, and to be opening up a wider field of usefulness for the trained nurse.

"In this work has been applied the underlying principle, recently developed in hospital social service, that the patient is not a one-dimension proposition, to be considered and treated with reference to his disease alone, but is a human problem all of whose surroundings and circumstances must be considered and dealt with if satisfactory results are to be achieved. When sickness comes, the disorganization of the family machine in addition to the care of the patient constitutes a pressing problem, and the meeting of this household problem is often just as important a part of the proper treatment and care of the patient as are medicine or correct methods of nursing.

"This fact has always been recognized and acted upon by the old-fashioned practical nurse, and has too often been ignored by the graduate whose training has been incidental to hospital management. The result is, that in spite of her deficiencies, [*the practical nurse has for years held her own in the homes of the people and has done the bulk of the nursing work of the country*].[1]

"The Brattleboro organization began its work by seeking out all cases whose needs were not met by the hospital, the visiting nurse, or the graduate, and by finding out and using all forms of service that could meet the family exigencies incident to sickness. It found the most diffi-

[1] The italics are ours.

cult nursing problems often interwoven with these other problems.

"Under Miss Charlotte Macleod, a system was evolved as part of which a body of household nurses or attendants work [*under the instruction and supervision of a graduate nurse*], with the backing and assistance of a central office. The graduate attends personally to matters in which special skill and training is needed, while the non-graduate is in continuous attendance, helping to carry the family along and performing other duties in connection with the patient.

"The working of this system as developed shows to particularly good advantage in maternity work. The prenatal watching of the patient by frequent visits, advice, encouragement, and care is done by the graduate maternity nurse under the doctor. The patient is thus brought up to the time of labor in the best condition, being guarded so far as possible from overwork, helped as to diet, and watched so that unfavorable symptoms may be discovered and given prompt treatment.

"During labor the patient has the care and attendance of the graduate, being assured the best skill and experience at her most critical time.

"After the delivery the graduate returns to headquarters, leaving her assistant—the undergraduate or non-graduate—to look after mother and child and to see that the family machine is kept running smoothly, meals got, children cared for, etc.

"The case is carried on by visits from the graduate and continuous service by the assistant. The net result is that more complete and better service is given at less expense than such cases are usually put to.

"It will be observed that this is merely applying to nursing the old principle of *co-ordination of labor*, using

different kinds of workers in co-operation, a method that has been used in other branches of human enterprise from time immemorial.

"This co-operation in nursing was inevitable. It did not come sooner because the scientifically trained nurse was a new thing in the world. She had to fight her way into recognition and use in competition with the practical nurse, who until lately held the entire field. Under the circumstances, both graduate and non-graduate have had a much keener appreciation of the other's failings than of her strong points. They have even yet to learn that each has need of the other if full and satisfactory service is to be given to the sick and helpless in the homes of the great body of the people.

"It has been gratifying to find that where this relation of co-operation has been established by broad-minded and able graduates and conscientious and devoted non-graduates, [*the results have been satisfactory to both, and have been recognized by the people as meeting their needs*].[1]

"This system has been applied in large places as well as small,[2] to both manufacturing and agricultural populations, to foreigners as well as natives. It has been found serviceable where the primary principle has been followed of studying the needs of the individual home and of adapting the service to the home, not trying to adapt the home to the service. It has succeeded in giving to people at a price which they could afford to pay the service they wanted, instead of offering them for a price beyond their means a service which they did not want.

"In some places it is evident that the chief need is for

[1] The italics are ours.

[2] Household Nursing Associations are at work in Boston, Mass.; Detroit, Mich.; Rhinebeck, N. Y.; Delaware, O.; and Norwood, Mass., as well as in Brattleboro, Vt., the original field.

visiting graduate service, using and instructing members of the family. In others, there is a much larger demand for the non-graduate assistant. In cities where various forms of nursing service are well established and highly developed, it has been found advisable to make this combined graduate and non-graduate work a special enterprise by itself. In smaller places, the best form has been found to be a health center where the school nurse, the visiting nurse, and the supervising nurse with her assistants can do team work under one able head, each department helping the other with both work and information. In this way the ground can be thoroughly covered by localities, a method that may eventually be found desirable in larger places to prevent duplication of visits and waste of energy.

"This work is *not a charity*. Hitherto organized nursing service has been prevented from extending its field among people at large by its too intimate association with charity. This has been due to circumstances, but outside the large centers of population there is no reason for continuing a connection with dependence that repels the independent classes.

"The main hope for obtaining good service in sickness for the whole people lies in the better organization and training of all the available forces, and in dealing with the people at large on a sound basis of business equality."[1]

[1] Mr. Bradley speaks further of *the need of sick insurance:* "The expenses of sickness are becoming recognized as one of that class of expenses for which some system of insurance is required by all except the very rich and the frankly dependent. Such expenses fall at irregular intervals and at times strike with crushing weight. The great body of self-supporting people cannot meet them by resorting to charity nor by depending on a few stray bequests, nor

Miss Frances Stone, graduate of the Presbyterian Hospital of New York, worked with Mr. Bradley to spread the Household Nursing idea.[1] Miss Charlotte Aikens, of Detroit, has done much to promote the movement. Miss Anna Louise Davis, of Brattleboro, Vermont, has done a work in organizing a health center that serves as a model for future associations.

SUMMARY OF IMPORTANT POINTS

In the present "century of social consciousness" nurses in considerable numbers are finding their larger place in the life of the world. They are intimately concerned in some of the great health movements.

Public health nursing is a new term which includes all forms of visiting nursing, tuberculosis nursing, infant welfare and milk station work, school nursing, etc.

The National Organization for Public Health Nursing was formed in 1912. Its aim is to include all nurses who are working for community health.

In 1915 there were a number of states which recognized public health nursing officially.

In 1922 there were fifteen schools of public health nursing.

The National Public Health Association, which includes many prominent physicians, announces a broad and progressive program, in which one of the most im-

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can they always be met from current income any more than can fire, death, or accident.

"Sick insurance has proved successful in more than one country, and its extension in America would not only increase the ability of people to obtain and pay for the services and supervision of a graduate nurse, but would greatly extend the field of organized nursing."

[1] The Bureau for Organizing the Home Care of the Sick has its office at 60 State St., Boston.

portant factors is the trained nurse. Their plans include much teaching and less of actual bedside care of patients.

Hospital social service is a new term which includes social work done with a view to establishing health. It emphasizes the fact, long overlooked, that a patient cannot be successfully treated unless environment, family, and working conditions are taken into consideration. It finds special problems in the tuberculous, the convalescent, the chronic, the syphilitic, the unmarried mother, the mentally unbalanced, the feeble-minded, the physically handicapped, and the poverty stricken.

Four agencies preceded and were prophecies of the present movement: Visiting nurses, the Society for the After-care of the Insane, the lady almoner, and friendly visiting done by medical students.

Hospital social service work, as such, was founded in 1905 by Dr. Richard Cabot, of Boston. It was the result of his attempt to improve out-patient work. He has been the leader of the movement throughout the country.

Miss Ida M. Cannon, who works with Dr. Cabot, is a nurse who has become an authority on the subject.

Bellevue Hospital, New York, was the second to organize a social service department. Several hundred hospitals have followed suit, and the movement is very popular.

The work requires special training, and at least two schools of social work are giving courses in it. Nurses, if of the right temperament and the proper training, are adapted to this work, and some of them are entering it.

The *Household Nursing* movement attempts to solve the problem of the care of the patient of middle class, and to provide proper nursing for the 80 per cent. of our population that does not go to hospitals and that is cared for in sickness by the practical nurse.

The movement is the outgrowth of a special study of

such problems made by the Thomas Thompson Trust, a foundation which began its work in Brattleboro, Vermont, where it has made a number of years' experiment.

This movement aims to establish health centers wherein all labor needed in time of sickness may co-ordinate its work, and by rational co-operation, under proper supervision, may give the middle-class citizen a good nursing service at a comparatively low rate.

The scheme has been successfully tried out in small and large towns, and has proved an entire success.

It provides a wider field for the trained nurse, and puts her into proper and cordial relation with the untrained or practical nurse.

It is a system whereby the non-graduate and graduate work together in the homes of the middle class, each giving the service for which she is best fitted.

CHAPTER XX

NURSING IN THE WORLD WAR

It is practically impossible to give either a complete or unprejudiced account of the work done by nurses in the World War. A statement of the main facts is all that anyone belonging to the present generation can attempt. Even this must be unsatisfactory, because of the number of organizations working and the many countries involved. The story will probably never be complete.

At the beginning no one thought of more than a few months of war; yet the large number of men engaged even in the first few months made necessary organization on a large scale. As country after country was drawn into the conflict the work grew so stupendous that the nursing resources of the world were taxed to their utmost. All war involves needless suffering, and this greatest of all wars was terrible beyond telling; but as the soldiers of the world gave themselves unstintedly to the strife, so the nurses of the world gave themselves fully to the work of relieving suffering and conserving lives. Never before was the value of nurses' training and organization so demonstrated.

On the western front, where the masses of men were always great,[1] and where toward the end of the war the problems became more acute than elsewhere, the work of surgeons and nurses was of immense difficulty. In the East, where the "front" not only extended over a

[1] Of Americans alone there were two million in France at the end of the war.



Fig. 100.—Belgian Red Cross nurses. (Courtesy of "The Trained Nurse and Hospital Review.")

dozen countries, but constantly shifted, it was ever a problem of swift adaptation to the scanty means at hand, of hasty organization and reorganization, of meeting

utterly new emergencies with improvised methods, of doing the best one could in intolerable and heart-breaking situations.

During the first few months of the war in France and Belgium English and French troops and German prisoners were nursed in the same hospitals, though in separate wards. A little later the custom was established of each nation caring for its own sick, wounded or prisoners, as far as possible in its own hospitals, furnishing its own supplies. One of the great things of the war was the marvellous co-operation between nations, each doing its own work, yet helping the other. So it came about that England and France sent hospital units into Russia, Russia maintained a hospital in Paris, and so on.

In former wars there were well-defined battles, with pauses at their close, during which the wounded were collected and the dead buried. In this war battles, so-called, continued for days on end, the dead were buried as best they could be, the wounded collected under fire or not at all. The whole was a spectacle of continuous attack and defense, making a stream of wounded, sometimes fuller, sometimes thinning, but never, even in the mud and cold of winter, quite ceasing. For approximately six months of each year hospital work was heavy, for the other six months light; but as the years went on, and the burden of permanently disabled became greater, the light months also grew heavier, until one felt that the world was becoming naught but a mass of hospitals.

The routine was somewhat as follows: Wounded men went or were taken to *first-aid* dugouts or *advanced dressing stations* in or near the fighting lines. They were cared for by surgeons and men of the medical corps. Women nurses, being non-combatants, could not help here. Severe cases were taken as promptly as possible to *field hospitals*,

a mile or two further back, where a slightly better degree of protection was afforded. Occasionally women worked in the field hospitals, but it was not the rule. "Tending the wounded on the battlefield" was largely the work of



Fig. 101.—Polish nurses in winter. ("Daily Mirror.")

men, to whom honor enough can hardly be given; but "tending the wounded under fire" was the experience of many nurses, who worked while their hospitals were bombed by the enemy, whose nights were sometimes spent in dugouts built for safety, and who proved them-

selves as good soldiers as the men.[1] From the field hospitals the wounded were sent by ambulance, by train (infrequently), or by any means available to the *clearing stations* (American *evacuation hospitals*), some miles further back, but still within range of the larger guns. The field hospitals held only stretchers, the evacuation



Fig. 102.—Nurses in helmets and gas masks. (Courtesy of Miss M. Johnson, Children's Hospital, Washington, D. C.)

hospitals had real beds and good nursing routine. They received the wounded, did the vitally necessary things for them, and passed them on to the *base hospitals*, retaining only the "non-transportable." Whether shelled or

[1] It must be remembered that the large guns had a range of twenty miles.

left in peace, the work went on until the battle front moved considerably, when they moved with it.[1] Much heroic work was done here.

From the evacuation hospitals to the bases *transportation* was usually by train. The hospital or ambulance trains belonging to England, United States, and Germany were elaborately equipped with comfortable bunks,



Fig. 103.—Russian nurse and Siberian soldier patient.

operating and dressing rooms, kitchens, and all conveniences; the French trains, with but one exception[2] were but little more than box cars into which stretchers were set. Hospital trains traveled slowly, because they were constantly side-tracked for the passage of troops or

[1] The nurses of a Mobile Unit tell of taking two hours off one day and being unable to find their hospital on their return, it having moved ten miles meantime.

[2] One given by an American.

munitions which must be got to the front. It often took twenty-four hours to accomplish a journey of eighty miles. When loaded on the trains the wounded and sick were marked with identifying tags, containing the man's name, his regimental number, his diagnosis, the name of the surgeon who had attended him, and a note as to whether or not he had been given antitetanic serum.[1] For a slightly wounded man the tag was white; for a more



Fig. 104.—Hut Ward St. John's Ambulance Association. (Courtesy of Miss Isabelle Abbott.)

seriously wounded, blue; for cases which required immediate attention, red. This enabled one to know at a glance who should be cared for first.

The *base* hospitals in France were usually the sorting-out points where the wounded remained until ready for

[1] Many cases of tetanus occurred during the first few months of the war. After that every wounded man was given antitetanic serum as a routine measure, and the cases were few.

"convalescent camp," for return to the front, for transfer to a special hospital, or for invaliding home.

Auxiliary Hospitals.—In addition to the military hospitals, there were everywhere throughout the warring countries, in cities and far-off villages, myriads of auxiliary private and voluntary hospitals, large and small, filled with sick, wounded, and convalescent. Many were the homes of the wealthy vacated for the period of the war.



Fig. 105.—Nursing Staff of British General Hospital No. 8, at Rouen, France. (This group includes nurses of the regular army, the Army Reserve, and nursing aides of the Red Cross and St. John's Ambulance.) (Courtesy of Miss Isabelle Abbott.)

In these served devotedly numbers of men too old or unfit for active service, and of women of every age, station, and capability. No earthly record will ever contain the names of the thousands of nurses, trained and untrained, who thus served their country and the cause of humanity. Many of them worked with no salary; others paid all their own expenses for the privilege of serving.

Trained nurses were probably the world's greatest

blessing in this war. They were a body of women ready, without further preparation or hesitancy, to step into any breach, meet any emergency, adapt themselves to new methods of medicine or surgery, help with any problem which concerned sick or wounded, whether civilian or military.



Fig. 106.—British Officers and Nurses. (The matron and her assistant belong to the Q. A. I. M. N. S., and wear plain scarlet capes. The nurses belong to the Reserve, and wear capes with scarlet bands. The others are nursing aides.) (Courtesy of Miss Isabelle Abbott.)

When the war began *England* had ready many trained nurses. Thousands of them served in Queen Alexandra's Imperial Military Nursing Service (the Army Nurse Corps), in clearing stations and base hospitals, in hospital ships and hospital trains, in France, in England, Egypt, Mesopotamia, Gallipoli, Russia, India, the Balkans, in fact, everywhere that the war reached, there

were British nursing "sisters."[1] In the Mediterranean the hospital ships constituted the clearing stations. There were base hospitals at Alexandria, Cairo, Suez, Lemnos. At Valetta, in the Isle of Malta, the old St. John's hospital (see page 34) was used, including the famous "long ward" (500 feet in length). Nearly four hundred British nurses



Fig. 107.—English nurse and Hindoo soldier patient. (Central News.)

died in the service, many of them being drowned in the sinking of hospital ships by the enemy.[2]

At the opening of the war in 1914 the Q. A. I. M. N. S.

[1] Strictly speaking, a "sister" is a nurse in charge of a ward. During the war it was applied to all graduate nurses. The term indicates in some degree the deep respect which the British "Tommy" gave to his nurse.

[2] Miss Hilda Hawley, an English nurse, was imprisoned for over two years in Bulgaria. During that time she did devoted nursing.



Fig. 108.—Nurses Rest Club in France. (Courtesy of Lakeside Publishing Co.)

had three hundred regular nurses and two hundred reserves. One thousand more were enrolled in a few weeks, and ten thousand during the war. The Matron-in-chief

at the War Office was Miss Ethel Hope Beecher. The Matron-in-chief for the British Expeditionary Force in France was Miss Maud McCarthy.

The Territorial Nurse Service had seven thousand members, of whom about three thousand served abroad, and there were thirteen thousand in reserve. They staffed



Fig. 109.—Miss Edith Cavell, British Army nurse executed by the Germans. (Copyright by International Film Service, Inc.)

ten hospitals in France, four in Salonika. Forty-eight died in service. Their Matron-in-chief was Miss Sydney Browne, "perhaps the most distinguished nurse of any in her time."

British nurses did not receive rank, but were given full authority and were very generally deferred to by the men.

Edith Cavell.—The story of Edith Cavell was one of the most keenly felt events of the war. She was an English nurse who had in 1909 founded a training-school in Brussels, Belgium. From the beginning of the war her hospital cared for both Allies and Germans without discrimination. She was arrested by the Germans August 3, 1915, charged with helping allied prisoners to escape. She did not deny the charge and was sentenced to death. After an imprisonment of two months she was shot October 12, 1915. The act stirred public sentiment to its depths.[1]

Canada very early sent nurses into the war zone, three hundred in the first year. South Africa, far-away Australia, and New Zealand added their contingent. Civilian hospitals throughout the whole British Empire were stripped of their nurses. (In the later years of the war in all the warring countries civilians suffered severely from lack of nursing and medical aid.) About seven hundred American nurses, not Canadian, served with the British forces, chiefly in France. After America's entrance into the war eight complete hospital units served with the British Army.

France had very few trained nurses, and most of them entered the service very early. *Japan* sent a very efficient unit to France.

Everywhere a tremendous stimulus was given to young women to enter nurses' training. Many short emergency courses were given.

Nurses' Aides.—In the acute emergency of the first few months of war many influential or wealthy women opened hospitals in their own homes or in hired buildings, made themselves superintendents, gathered a staff of all sorts of nurses, trained and untrained, and cared for the wounded with greater or less success. Some excellent

[1] Her body was returned to England in March, 1919.

work was done in such hospitals, notably in those established by British noblewomen (who are very often practical women of affairs); in others, the care accorded was often more zealous than efficient.

In England there was organized very early the *Voluntary Aid Detachment*,[1] consisting of laymen and women who did a work similar to that of the Red Cross. Many upper class women served with them, doing cooking and maid's work in the hospitals.[2] Short courses in nursing were given, of three to six months, to women who should serve as assistant nurses in war hospitals. The organization included some sixty thousand men and women who were in active service and whose work was of a high order.

The **Red Cross** societies of all countries, on the instant of the declaration of war, stepped forward, sent supplies, nurses, and aid of all sorts wherever it was needed. They established hospitals and staffed them; sent out emergency supplies to the army; cared for refugee civilians; and in the later years of the war took over some of the civilian public health work. No one can conceive of what this war would have been without the Red Cross. Governmental or military aid is often too slow to be efficient; and over and over again it was the Red Cross that stepped in to save an otherwise impossible situation.

The *British Red Cross* had fully trained nurses serving in general hospitals to the number of 6400. They were

[1] Familiarly known as the V. A. D.

[2] A not unusual case is that of a gently bred young girl who served for eighteen months as ward maid in a London hospital, working without pay ten hours a day. In another instance an Irish nobleman, too old for the army, was for a year the "handy-man" of an American hospital caring for French wounded. One of the most striking characteristics of the British civilian was his willingness to serve where needed, without choosing the work or getting credit for it.

in hospitals wherever the army went, including Siberia. In 1914 and 1915 many British nurses worked in French hospitals. The British Red Cross, like the American, loaned its nurses to the army. There were also two thousand Red Cross hospitals in England, Ireland, and Wales. One trained nurse was provided for each twenty patients, with one aide or trained orderly to assist her.

The *French Red Cross* was composed of three societies working together.[1] Before the war was a week old they had nearly four hundred hospitals and seventeen thousand nurses at work. Later they had over eight hundred hospitals, some being in Serbia, Albania, Salonika, Corfu,[2] etc. There were six thousand French nurses in the firing zone, and seven thousand with the army in France and elsewhere. Seventy-five nurses died in the service. Over 1700 received military decorations, five being given the cross of the Legion of Honor, France's highest reward for service.

The *American Red Cross* almost at the beginning of the war, began to make and send supplies to all the warring countries. Up to October 1, 1915 they had spent $1,500,000, sent many shiploads of supplies, and sixteen medical units into the field. (A unit consisted of three doctors and twelve nurses.[3])

[1] La Societe de Secours aux Blesses Militaires, L'Association des Dames Francaises, and L'Union des Femmes de France.

[2] At Corfu the Kaiser's palace, which had been captured, was used as a French war hospital.

[3] Sept. 8, 1914—One unit to Servia.
Sept. 13, 1914—Two units to Pau, France.
Two units to Paignton, England.
Two units to Kief, Russia.
One unit to Budapesth, Austria.
One unit to Vienna, Austria.
One unit to Gleiwitz, Germany.
One unit to Cosel, Germany.

Most of the nurses went for six months' service, but actually stayed much longer.[1] Some of them, after the Red Cross discontinued its work, joined other units or remained in war service at their own expense.



Fig. 110.—A ward in the Kragujevatz Prison, Serbia.

When the first groups sailed a general superintendent of Red Cross nurses was appointed; Miss Helen Scott

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Nov. 20, 1914—Two units to Servia (six nurses in each).

Feb. 19, 1915—One unit to Yvetot, France (nine nurses).

Apr. 17, 1915—Two units to Belgium.

On July 31, 1915 two medical directors and two nurses were sent to Nish, Serbia, to establish a hospital for children.

[1] The Russian unit went in 1915 into the Caucasus, then to Tiflis, Persia, retreating with the army and sharing its sufferings. Good nursing was done en route. The Serbian unit was in Belgrade in December, 1914 when the city was captured by the Austrians. The nurses were prisoners for thirteen days, but remained in their hospital and went on with their work.

Hay, of the Illinois Training-school, Chicago, was selected.[1]

The Red Cross maintained its units in Europe until October 1, 1915, when they were discontinued. Their work was rebegun in June, 1917, after America entered the war, and was prosecuted with great vigor, lasting long after the war ended.

Private Units.—During 1915 and 1916 many private individuals and organizations in the warring countries and in the United States sent medical units into the war zone. One of the most notable of these was the *Harvard Unit*, which served with the British Army from June, 1915 until the close of the war. It consisted of about 35 doctors and 75 to 100 nurses; it staffed a base hospital of 1000 to 2500 beds at Camiers, in north France, and did eminent service.[2]

The American Ambulance.—In 1914, as soon as the war began, the American Hospital in Paris secured a large school building at Neuilly, a suburb of Paris, and started work for the wounded under the name of the American Ambulance Association. It began with 600 beds and was staffed by American nurses who were in Paris at the time. The American colony in Paris financed it throughout the war, and it was one of the most-talked-of hospitals. Many distinguished doctors and skilful nurses

[1] Miss Mary E. Gladwin, of Ohio, and Miss Mathild Krueger were in charge of Serbian units, Miss Donna Burgar, of a German unit; Miss Irene Sumner worked in Antwerp during the bombardment.

[2] Dr. Hugh Cabot of Boston was head of this unit for over two years. Dr. Grenfell of Labrador served with it during the winter of 1915–16. Dr. Victor Kasanjian, of Harvard, who was honored by the British War Office because of his remarkable work with fractures of the jaw, went out with this unit in June, 1915 and remained until the close of the war.

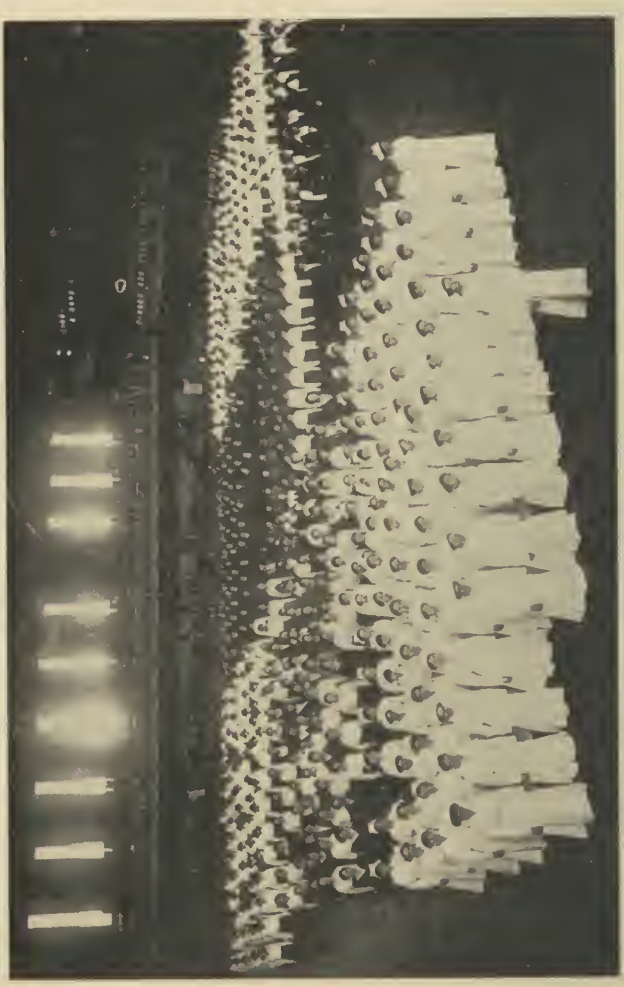


Fig. 111.—Eight hundred nurses ready for overseas. (Courtesy of Lakeside Publishing Co.)

served there. In 1917 it became American Military Hospital No. 1.

America in the War.—America entered the war at a critical period (April, 1917), and despite the "preparedness" talk of 1916, she was not ready. Hospital units were, however, very early in arriving at the war zone. America's money and her large way of doing things helped greatly in saving the day for the Allies; though her hasty and extravagant methods were sometimes open to criticism. Her nurses shouldered and carried off their part in a manner which will be to their eternal credit.



Fig. 112.—In the American Hospital at Nish, Serbia. (Newspaper illustration.)

In September, 1918 the Red Cross had over 27,000 nurses enrolled and nearly 16,000 were actually in service. The Army Nurse Corps had about 22,000 enrolled, of whom 10,000 served overseas. (Many Red Cross nurses served in the army, so that the whole number was less than statistics make it appear, probably about 33,000.[1])

[1] In 1918 the Surgeon-general asked for 25,000 trained nurses by January 1, 1919, and 25,000 more by July 1, 1919. At that time it appeared as if the war might last two or three years longer.

Two hundred sixty-six nurses died in the service. Three were wounded. Many received military decorations, both American and foreign. Ten American nurses received the *Medaille d' Honneur des Epidemies*, the highest honor which France could accord a nurse.

In 1918 the training and use of nurses' aides was strongly advocated,[1] but was not carried out. About sixty



Fig. 113.—Operating Hut and Office, Mobile Unit 1, A. E. F. (Courtesy of Miss M. Johnson, Children's Hospital, Washington, D. C.)

unsalaried aides served with the Red Cross in France in civil work and in French hospitals.

Methods and Conditions of Work.—Nursing in this war presented many features unfamiliar to the civilian nurse. The big problem of parasites required a special technic. The utterly new methods of warfare and novel conditions under which the war went on had to be met

[1] Dr. S. S. Goldwater of Mt. Sinai Hospital, New York.

by new methods in surgery and nursing. Aërial warfare, the use of bombs and steel arrows; poison gases as a means of offense; the preponderance of artillery fighting; and trench warfare with all its complications, made new varieties of wounds, and required constantly changing methods in the hospitals.

Operating was done in wholesale fashion, especially at or near the front, yet it was more careful than one could have believed possible. Ten to twenty operating tables might be in one room, with two surgeons and an anesthetist working at each, while a group of nurses and orderlies supplied the needed materials to the whole room. Certain wards in the evacuation hospitals were called "shock wards," and in these hypodermoclysis, transfusion, etc., was done almost continuously. Sterilizers ran night and day. The *x*-ray was in constant use. The whole was a marvelous example of what organization can accomplish. It also proved that even in tent hospitals, with equipment which seemed very meager, absolutely good technic could be carried out.

Wounds of the head were very common, some of them very disfiguring, so that dental and jaw surgery became an important feature. The dirt of the trenches was driven into nearly all wounds by shrapnel, and every wound was an infected one. At first tetanus was common, but was later controlled by prophylactic doses of antitetanic serum. Amputations were common because of the many cases of gas gangrene and serious infections.

Serbia and the Typhus.—The epidemic of typhus which occurred in Serbia early in 1915 was most appalling. The disease is carried only by body lice[1] and the problem

[1] The typhus germ and its method of transmission were not known at the beginning of the war, but were worked out during the epidemic.

of controlling it under the conditions of war and invasion was a tremendous one. Before other countries came to aid, the disease had spread so that the country was "one vast charnel house, with doctors, nurses, and the wounded in the grip of typhus, the true war disease. Men lay in the roads dying from it. Women and children died from it in the darkness and squalor of their own homes, unseen



Fig. 114.—Tent Wards. (Courtesy of Miss M. Johnson, Children's Hospital, Washington, D. C.)

and untended. There was no escape for either rich or poor, and no immediate or effective remedy."[1] A

[1] Quoted from the Nursing Times, London:

A Red Cross nurse wrote: "One hospital has 1400 cases of typhus, with two doctors and two nurses. The Greek hospital had four doctors and not a single trained nurse; now I am on day duty and my friend is on night duty. I have a German orderly and a Russian who speaks bad German. There is a Greek doctor who speaks French. What with trying to translate doctors' orders, use the Centigrade

doctor's estimate placed the whole number of cases at 300,000 to 500,000.

In less than six months' time, due chiefly to the efforts of American doctors and nurses, with effective help from Scotch units, these conditions were relieved, sanitation was established, and the epidemic checked.

Supplies.—The question of supplies was always acute. With the Americans there was always money enough and material enough, but the problem was that of transportation. The central powers torpedoed supply ships constantly; all railways near the fighting lines were crowded with troops and munitions; hospitals worked always with the knowledge that next week ether, gauze, bandages, or adhesive might be totally lacking. Fuel became increasingly scarce,[1] so that hot water and hot food were not always obtainable. Doctors and nurses learned what real economy meant.

Military Rank for Nurses.—Long before the war (1906) Canada gave to her nurses the "relative rank" of lieutenants, and required her soldiers to salute them.[2] Toward the end of the war there was much discussion among American nurses because both our army and navy nurses were without rank. Many army nurses felt that their position was an equivocal one, in that they were given responsibility without any real authority to enforce their necessary orders. A group of prominent nurses

thermometer, and their measures for medicines you can imagine my difficulties."

Another nurse reported: "There was not even straw for the wounded to lie on, as everything had been destroyed. The *x*-ray room was full of corpses. I am the only trained nurse for nine hundred patients. I would give my soul for bed linen and shirts."

[1] Hospitals were almost never heated.

[2] Australian nurses received the rank of lieutenant in 1916, on the suggestion of the surgeon-general.

made a determined effort to secure for United States what Canada had already granted, and after much opposition succeeded in putting it through. A bill, giving the relative rank of second lieutenant to nurses, was passed by Congress in May, 1920. This bill made the Secretary of War responsible for prescribing the rights and privileges which were involved.[1] The passage of this bill is counted a notable victory.

The Trained Woman in War.—There was never a time in the world's history when the value of nurses' training was so evident. We can hardly judge with what relief both doctors and patients saw the coming of trained nurses, women who reduced chaos to order, who did the efficient thing and did it quickly, and who, by their very manner and presence, cheered a dreary and otherwise hopeless situation. Self-sacrifice was not a term in the war nurse's vocabulary. She was merely doing what she liked to do, relieving suffering. She called it "great luck" to be sent into the worst places and the most desperate conditions. Many nurses gave their lives in the World War; many more will never recover from the strain; but the life and the health were gladly given, and the nurse, no less than the man at the battlefront, was found to be a good soldier.

"Nurses have certainly shown, both in war and in peace, that they are good patriots, ready to answer promptly the call of duty, and to subordinate their own interest to the general good. There are very few slackers or shirkers among nurses. They have walked so long with danger and death in the sick-room as well as on the fields of battle, in plague-stricken countries, in the slums of great cities, and far out on the frontiers of civilization, that they have learned to face these terrors with courage

[1] The Superintendent of the Army Nurse Corps is the only woman who has the rank of major. Her assistants are captains.

and indeed to share the delight of all good fighters in a real battle with these ancient enemies."[1]

"Never before in history had such a thing occurred: the sending across three thousand miles of danger-strewn seas of ten thousand soldier-women to be a part of a great expeditionary force. It was a stupendous undertaking, accomplished by the combined efforts of people and organizations, and developed little by little throughout the months of the war. An almost equally great feat was performed at home, when eleven hundred nurses were taken into the army and put into the hospitals of the United States, where they labored as devotedly as the women overseas. . . .

"The army nurses were the most fortunate women of the country during the war. They, with all women throughout the land, longed to be of service; and the nurses attained the desire of their hearts."[2]

[1] "A Short History of Nursing," by Dock and Stewart.

[2] Major Julia Stimson, in *The Canadian Nurse*, April, 1922. Miss Stimson went to France in June, 1917 as chief nurse of Base Hospital 21. From April to November, 1918 she was chief nurse of the American Red Cross in France. In July, 1918 she was made Director of the Nursing Service of the American Expeditionary Force. Upon her return to America she was made Superintendent of the Army Nurse Corps.

CHAPTER XXI

NURSING ORGANIZATIONS. NURSING MAGAZINES

Trained nurses are now organized in almost every civilized country except South America. In the United States, Canada, Australia, and South Africa there are also State Associations.

Magazines devoted to the interests of nursing have been established in most countries which have nursing associations. In a few instances the magazines preceded the organization, but in most they were practically simultaneous.

Organizations

The International Council of Nurses was organized in 1900. It included nurses from more than twenty countries. In 1912 the list included England, Scotland, Ireland, United States, Canada, Germany, France, Belgium, Switzerland, Holland, Denmark, Norway, Sweden, Finland, Russia, Austria, Italy, South Africa, Australia, New Zealand, Japan, India, and Turkey. The president of the national nursing organization of each country is, by virtue of her office, a vice-president of the International Council. Meetings are held every three years.[1]

For years the president of the Council was Mrs. Bedford Fenwick, of London, and the secretary was Miss Lavinia L. Dock, of New York City.

[1] In 1922 Baroness Mannerheim of Finland was elected president and Miss Reiman of Denmark secretary.

UNITED STATES

The American Nurses' Association was organized in 1896, under the name of the *Nurses' Associated Alumnæ of the United States and Canada*. The name was changed in 1912. Canada formed her own association in 1908.[1]

The National League of Nursing Education was organized in 1893 under the name of the *American Society of Superintendents of Training-schools*. The name was changed in 1911.[2]

The National Organization for Public Health Nursing was organized in 1912. It includes visiting or district nurses and all engaged in public nursing work. Its headquarters are in New York City.

The National Committee on Red Cross Nursing Service was organized in 1909. Its headquarters are with the American Red Cross, in Washington, D. C. The same committee also maintains a rural department, called the *Town and Country Nursing Service*.

The Army Nurse Corps was organized in 1901. Its headquarters are at the War Department, Washington, D. C.

The Navy Nurse Corps was organized in 1908. Its headquarters are at the Navy Department, Washington, D. C.

The Spanish-American War Nurses organized in 1900. The present number of members is about 430. The maximum has been 616.

The National Association of Colored Nurses was organized about 1908. The first president was Miss M. A. Franklin, of Hartford, Conn. It has a membership of about 150.

The Guild of St. Barnabas for Nurses was organized in

[1] Headquarters are in New York City.

[2] Many members belong also to the American Hospital Association, formed in 1898, and including both men and women.

1886, as an outgrowth of the English society of the same name, by Rev. Father Osborne, of Boston. It is a religious society with social features. It has about 2000 members.[1]

State Associations.—New York was the first state to form an association, but Virginia and Illinois organized the same year, 1901. North Carolina and New Jersey organized in 1902; Maryland, California, Indiana, Pennsylvania, Washington, and the District of Columbia in 1903. The following list gives the dates of organization:

Alabama	1913	Nebraska	1905
Arizona	1919	Nevada	1917
Arkansas	1912	New Hampshire	1906
California	1903	New Jersey	1902
Colorado	1904	New York	1901
Connecticut	1904	North Carolina	1902
Delaware	1909	North Dakota	1912
District of Columbia	1903	Ohio	1904
Florida	1912	Oklahomaü	1908
Georgia	1907	Oregon	1911
Idaho	1911	Pennsylvania	1903
Illinois	1901	Rhode Island	1905
Indiana	1903	South Carolina	1907
Iowa	1904	South Dakota	1916
Kansas	1912	Tennessee	1905
Kentucky	1906	(Reorganized)	1915
Louisiana	1904	Texas	1906
Maine	1913	Utah	1914
Maryland	1903	Vermont	1914
Massachusetts	1904	Virginia	1901
Michigan	1904	Washington	1903
Minnesota	1905	West Virginia	1905
Mississippi	1911	Wisconsin	
Montana	1912	Wyoming	1908

[1] *The Guild of St. Radegonde* was organized in 1908 in Boston. It is similar in purpose and methods to the Guild of St. Barnabas, but is for Roman Catholics.

ENGLAND

The Matrons' Council of Great Britain and Ireland was organized in 1894 by Miss Isla Stewart. Its headquarters are at 431 Oxford Street, London.

The British Nurses' Association was organized in 1887 by Mrs. Bedford Fenwick.

The National Council of Nurses for Great Britain and Ireland, a union of alumnæ societies, was formed in 1908.

Queen Victoria's Jubilee Institute, for visiting nurse work, was organized in 1887.

Queen Alexandra's Imperial Military Nursing Service is the Army Nurse Corps. It was organized in 1902.

The Royal Naval Nursing Service was organized in 1902.

The Central Midwives' Institute was organized in 1881.

The Colonial Nursing Association has a few hundred members in all parts of the world.

Canada.—*The Canadian Society of Superintendents of Training-schools for Nurses* was organized in 1908.

In 1917 its name was changed to *The Canadian Association of Nurse Education*, and its membership opened to all engaged in training nurses.

The Canadian National Association for Trained Nurses was organized in 1908.

Nursing Branch of the Canadian Permanent Army Medical Service.

Canadian Army Nurse Corps was organized in 1904.

The Victorian Order of Nurses, for visiting nursing, was organized in 1897. Miss Charlotte Macleod did long and excellent service as its superintendent. Miss Mary Ard Mackenzie, of Ottawa, was also superintendent.

Lady Grey's Country District Nursing Scheme, for rural nursing, was organized in 1909.

Provincial Associations have since 1895 been organized in almost every part of the dominion.

SCOTLAND

The Matrons' Council of Scotland.

The Scottish Nurses' Association.

IRELAND

The Irish Nurses' Association was formed first in 1900 as the Dublin Nurses' Club. It became the national association in 1904.

FRANCE

There is a *Society of Hospital Directresses* in Bordeaux.

GERMANY

The German Nurses' Association was organized in 1903, through the efforts of Sister Agnes Karll, aided by the National Council of Women. Its headquarters are at Berlin.

HOLLAND

Nosokomos, the *Dutch Nurses' Association*, was organized in 1900 by the efforts of Dr. and Mrs. Aletrino. Miss J. C. V. Hubrecht was president.

The Dutch Association of Superintendents of Training-Schools for Nurses.

The male nurses of Holland have a national association.

There is also the *Dutch Association for Sick Nursing* (*de Nederlansche Bon voor Ziekenverpleging*), often referred to as "the Bond." It was formed in 1892 and is similar to the American Hospital Association.

SWEDEN

The General Council of Swedish Nurses was organized in 1910, with Miss Emmy Lindhagen, of Stockholm, as president. Its members are nurses who have had eighteen months' training and an additional eighteen months of hospital or private duty.

NORWAY

The National Council of Nurses was organized in 1912. It is an association of trained nurses.

DENMARK

The Danish Nurses' Union was formed in 1899. Members are required to have had three years' training, and are given a badge.[1] There were thirteen hundred members in 1911. Mrs. Henry Tscherning was president.

SWITZERLAND

There is a *Swiss Nurses' League.*

ITALY

There is an *Association of Trained Nurses of Italy.*

FINLAND

The Association of Nurses in Finland was organized in 1898. It has several hundred members. It has a home for probationers, gives a preliminary course to them, etc.[2]

AUSTRALIA

The Australian Trained Nurses' Association was organized in 1899, largely through the efforts of Miss Milne, of Tasmania. Dr. Norton Manning was its first president.

The Royal Victorian Trained Nurses' Association was organized in 1901, with Dr. J. W. Springthorpe as president. In 1911 it elected a nurse as president.

These two associations are witness to the fact that nurses and doctors may work together harmoniously in public life.

[1] This amounts to State Registration.

[2] This is nearly an equivalent of State Registration.

The two associations co-operate, and have together a membership of about five thousand. They hold an examination for membership every six months, recognize only hospitals which use their standard curriculum, and keep an oversight of the whole nursing field in the country. Their work amounts to a State Bureau of Registration, and is a remarkable example of what can be accomplished without legislation. (See page 335.)

There is a branch of the *British Nurses' Association* in South Australia.

NEW ZEALAND

The New Zealand Trained Nurses' Association was formed by uniting four local associations, those of Wellington, Dunedin, Auckland, and Christchurch. A Central Council was elected in 1909.

SOUTH AFRICA

The South African Trained Nurses' Association has four branches—the Border, Eastern Province, Natal Inland, and Rhodesian. The General Secretary is Mrs. H. C. Hessenaur, of East London.

INDIA

The Association of Nursing Superintendents of India was organized in 1907. It has over fifty members, mostly English, but some are native.

The Trained Nurses' Association of India, organized in 1911, was an outgrowth of the above.

There are several local nursing associations. In 1910 the *Bombay Presidency Nurses' Association* held its first examination for nurses, a beginning of registration.

CHINA

The China Nurses' Association was organized in 1909. It has over one hundred members, both Chinese and foreign, the vice-president being Chinese. It has a central examining and registration board.

JAPAN

There is a national association of the trained nurses of Japan.

CUBA

The National Association of Nurses of the Republic of Cuba was formed in 1909. It has several hundred members.

MAGAZINES

UNITED STATES

The American Journal of Nursing was organized in 1900 as a stock company of nurses. It is the property and official organ of the *American Nurses' Association*, the official organ of the National League of Nursing Education, and of nearly all of the state societies. Miss Sophia Palmer,[1] of Rochester, N. Y., was its editor until her death.

The Trained Nurse and Hospital Review was established in 1888. It was the first nursing and hospital journal of this country of national circulation, and did a valuable pioneer work. In 1889 it combined with the

[1] Miss Palmer began her training in 1876 under Miss Linda Richards at Massachusetts General Hospital. She organized training-schools at St. Luke's, New Bedford, and at Garfield Memorial, Washington, D. C. In 1896 she reorganized the school at Rochester (N. Y.) City Hospital. She helped to organize both of the national nursing associations, was president of the first nurses' examining board of New York, founded the American Journal of Nursing, and was its editor for twenty years. She died in 1920.

Journal of Practical Nursing, of Rockford, Ill., a local paper, established in 1888; and later absorbed, one at a time, *The Nightingale*, *The Nurse*, *The Nursing World*, and *The Nursing Record*. It was for ten years the only



Fig. 115.—Miss Sophia Palmer, Founder of the American Journal of Nursing. (Portrait by Morrall, Rochester, N. Y.)

nursing and hospital journal of America, except for the brief existence of the journals mentioned. For the greater part of its existence it has been under the direction of Annette Sumner Rose.

The Pacific Coast Journal of Nursing was established



Fig. 117.—Miss Genevieve Cooke, Founder of the Pacific Coast Journal of Nursing.



Fig. 116.—Mrs. Annette Sumner Rose, Directing Editor of "The Trained Nurse."

in 1904 by Miss Genevieve Cooke, who was for some years its editor. It is published in San Francisco.

The Public Health Nurse, formerly known as the **Visiting Nurse Quarterly,** was established in 1909 by the Visiting Nurse Association of Cleveland, Ohio. It is the official organ of the National Organization for Public Health Nursing.

CANADA

The Canadian Nurse began in 1905 as an alumnæ quarterly of the Toronto General Hospital. It was made a national magazine in 1907, and in 1910 became the official organ of all the Canadian nursing associations. Miss Helen Randal became its editor about 1918.

The **V. O. N.** is a quarterly, published first in 1920. It is the official organ of the Victorian Order.

ENGLAND

The British Journal of Nursing was established in 1893 as an outgrowth of the *Nursing Record* of 1888. In 1902 it was enlarged and assumed its present name. It is the official organ of the British Nurses' Association and of the Matrons' Council. Mrs. Bedford Fenwick was long its editor.

Nursing Notes and Midwives' Chronicle, a weekly, is the official organ of the Midwives' Institute, the Association for Promoting the Training of Midwives, the Society of Trained Masseuses, the Colonial Nursing Association, and the Workhouse Nursing Association.

The Nursing Times is a weekly of good size and excellent quality.

The Nursing Mirror was originally included in *The Hospital,* the organ of the Hospitals Association of Great Britain, but later was published separately. It was long the leading nursing journal of England.

IRELAND

The Irish Trained Nurse and Hospital Review is a monthly.

FRANCE

The Hospital Nurse (La Garde-Malade Hospitaliere), with the subtitle of *Organ of the Nursing Schools of the Florence Nightingale System*, is published by the nurses of Bordeaux.

GERMANY

Unterm Lazaruskreuz was established in Berlin in 1906. It was the official organ of the German Nurses' Association (the "Free" Sisters).

The Nurse (*Der Krankenpfleger*), published twice a month at Berlin, was the property and organ of the Central German Nurses' Association.

HOLLAND

Nosokomos (*Nursing*) was established in Amsterdam about 1905.

The Journal of Nursing (*Tijdschrift voor Ziekenverpleging*) was a bimonthly published by the "Bond," established in 1890. Its staff was chiefly doctors.

SWEDEN

The Swedish Nurses' Journal **Humanitet** was established at Stockholm in 1909.

NORWAY

The Nursing Journal (*Sykplein*) was established in 1912.

DENMARK

The Journal of Nursing (*Tidsskrift for Sygeplege*) is a bimonthly, established at Copenhagen in 1901. It is the official organ of the National Nurses' Union.

BELGIUM

De Vlamsche Verpleging was published at Antwerp before the war.

FINLAND

Epione, established in 1907, was the official organ of the National Nursing Association. Mrs. Olga Lackstrom was the first editor. It is published at Helsingfors.

AUSTRALIA

The Australian Nurses' Journal, published at Sydney, N. S. W., is the official organ of the Australian Trained Nurses' Association.

Una, published at Melbourne, is the official organ of the Royal Victorian Trained Nurses' Association.

NEW ZEALAND

Kai Tiaki, published quarterly at Wellington, is the official organ of the National Association. Miss Hester Maclean was for some years its editor.

INDIA

The Nursing Journal of India was established in 1910. It is the official organ of the two nursing societies. Mrs. Etha B. Klosz was long its editor.

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